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ABSTRACT

Services provided by the Western Kansas Migrant Health Project include: (1) remedial schools and day care centers; (2) health education; (3) housing and sanitation; (4) nursing services; (5) medical and dental services; (6) hospital services; and (7) supplemental food programs. In September 1971, the Project's sponsoring of VISTA Volunteers in western Kansas was phased out by VISTA Regional Office. Over the years, the project has found itself involved with various non-health problems. Such problem areas include: applying for social security numbers and benefits; obtaining birth certificates; and assisting with tax returns and welfare, Medicaid, and food stamp applications. This annual progress report covers the Project's activities from December 1, 1971 through November 30, 1972. Services provided by the Project are briefly summarized. Statistical data are given for the migrant population and the medical, dental, hospital, nursing, sanitation, and health education services. (NQ)

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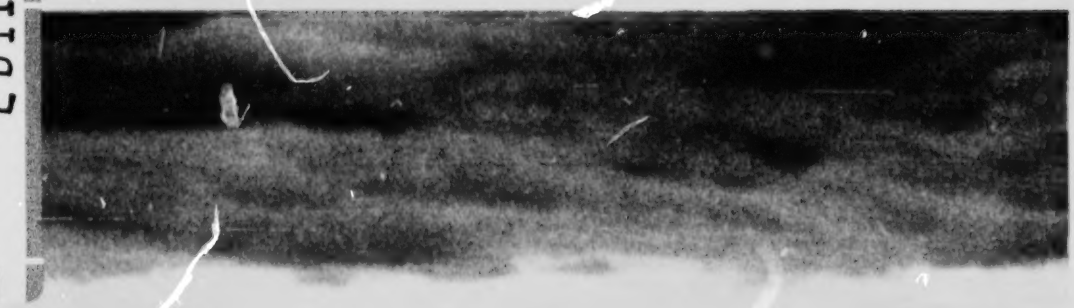

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ANNUAL PROGRESS REPORT

Western Kansas Migrant Health Project
Kansas State Department of Health

1972

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I. SUMMARY

1972 arrived with a typical array of problems for migrant and grower alike. Few were new for either. Both groups just about broke even. The migrant was broke when he began and broke when he returned home. The grower borrowed in the spring, repayed the bank in the fall and prepared to borrow in the spring once again. Both groups prayed a lot.

Each year several thousand migrants come to western Kansas. As near as we can estimate 6059 came this year. Most come from Texas - from the panhandle, from the Rio Grande Valley, from the Presidio area on the west side, from east Texas, and from every place in between. A few migrants also come from New Mexico, Colorado, Oklahoma, Florida, and other states. Almost all are Americans of Mexican descent. A few are black or Anglo. One unexpected language problem of the last two summers involved a German-born family who has come to the Sublette area. The family immigrated to Mexico and then to the United States. While the parents spoke Spanish and/or English in addition to German, the pre-school children spoke only German. Most of our staff is bilingual as is the staff at the Sublette migrant school. Two of us speak three other languages fluently. But, alas German is not among them. Fortunately, small children pick up a second language quickly when given the proper environment.

Most migrants begin arriving in Kansas in late winter or early spring. The majority arrive in May or June. Families begin leaving in numbers in July and August. Many stay on to early winter to work in grain crops, to haul sugar beets, or to work wherever they can. Many migrants attempt to "settle-out" of the stream. Depending on employment conditions some are successful while others are not. Sometimes the choice boils down to being cold and hungry in Kansas, or just hungry in Texas. Often as many as 10% settle-out in one given year.

The largest demand for hand labor is in hoeing and thinning sugar beets. While mechanical thinners and herbicides are replacing the migrant on some farms, the effects of these innovations are minimal thus far. Hand labor is also needed to rogue milo and for melon crops in two counties. This past year a small venture in organic gardening was started in Grant County. This may be expanded next year and register a greater demand for hand labor.

Sugarbeet acreage was essentially the same this year as in 1970. Some growers had more acreage, some less, and a few quit the sugarbeet business, but the acreage was about the same. Slight regional shifts in amount of acres were also in evidence.

Heavy spring and summer rains delayed the beginning of hoeing and thinning operations in most areas. For most migrants this meant many days of lost income. The cruelest blow dealt by the weather, however, was the frequent snow and ice storms beginning in October and gaining momentum in late November coupled with subzero temperatures. In Finney and Kearny Counties 25% of the beet crop is still in the ground. Even the plot at the Garden City Experiment Station still

remains unharvested. Many other counties are in a similar predicament, although most beets in the northern counties have been dug. All is not yet lost if beets can be harvested before a superthaw or heavy rains occur. If the ground becomes very wet before harvest, the sugar content is leeched and makes the beets semi-worthless. Western Kansas growers lost in excess of $6,000,000 in 1969 when heavy rains occurred just after the beet harvest was in progress causing many acres to register 3% or less in sugar content. American Crystal Sugar Company did not accept nor pay for beets having a sugar content of less than 12%. Great Western Sugar Company, the other company contracting sugarbeets in the area, reimbursed growers for digging costs if the beets registered 7% but did not pay for any less than 12%. Suffice it to say, growers cannot afford another year of colossal losses again so soon, if at all. The future of the beet industry in this area may well hang in the balance. Rising production costs have already made it a risky business at best.

Much of the milo crop also remains to be harvested. Because of flattened fields in much of the area a significant portion of the crop will be lost. Harvesting of both the milo and sugarbeets cannot be resumed until the snow melts and the ground dries out enough to support the weight of combines and digging equipment.

In the northwest counties more workers arrived than were needed. This situation created many hardships and individual crises. A number of migrants arriving in the Garden City area found construction work when field work was not available. With many construction projects being undertaken in this area the general employment picture around Garden City was much better than usual. The number of illegal aliens entering the country and coming to Kansas to work continues to be a significant problem for the domestic migrant and immigration authorities alike.

The USDA Supplemental Food Program has now been administered by the Project for more than three years. Distribution began in September 1969. In the past year 49 tons of high protein foods have been distributed to children under six years of age and prenatal and postpartum mothers in 11 counties. The largest number of individuals receiving supplemental foods in any one month was 261. Average number per month was 210.5. Eligibility for this program is based on nutritional need only as verified by a physician or registered nurse. The only other eligibility requirement is that the recipients be eligible for other services of the Project i.e. be agricultural migrants or seasonal farm workers. The only cost to the Project in operating this program is for shipping and storage costs, and of course staff time. The last is considerable. Because of the countless demands on staff time in June, July, and August distribution is made on an emergency basis only during these months. For migrants and residents who have resided in the area for some time, income is usually at a peak during these months. This arrangement makes it possible for us to serve the families who have arrived recently more adequately both through the Supplemental Food Program and other services of the Project.

The Project sponsorship of VISTA Volunteers in western Kansas was

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phased out by VISTA Regional Office in September 1971. A total of 11 Volunteers served in this area between March 1970 and September 1971. The individual and collective accomplishments of the Volunteers were many including the first self-help housing project in Kansas, FmHA contractor-build houses in Leoti, an infant care center in Goodland, pre-schools in Leoti and Ulysses, establishment of Adult Basic Education and tutoring programs in several communities, and legal aid and education. Many of these programs still continue. The FmHA financed homes are a tribute to how well a low-income family can care for housing when provided with something decent. The pride these families take in their homes is indeed heart-warming. It now seems probable that VISTA Volunteers may be assigned to the area in the coming year under the sponsorship of the Kansas Council of Agricultural Workers and Low-Income Families.

The KCAW-LIF began organizing in the fall of 1970 and began operation the following summer. The history of the Council has been stormy at times and typical of any new organization. At this point the Council seems to be on a steady and stable course. We look forward to many significant accomplishments in the future. Programs of the past year have included Head Start Programs in four communities, Adult Basic Education, sponsorship of the Title I Program in Ulysses, the Emergency Food Program, a newly established food bank, and a community aide program.

Many months of this past year have been devoted to explaining and holding area democratic elections for the Migrant Health Advisory-Policy Board. The members of the previous advisory board had been appointed by the Project. Newer guidelines, however, call for election of consumer members and appointment of medical and dental consultants. Much of the coming year will be spent in providing board training for the members and establishing by-laws and policies for the group. At the present time a legal conflict exists between the authority of the State Board of Health and the Project Policy Board. Federal guidelines call for the board to be functioning as a policy board by July 1, 1973. It now appears that conflicts may be resolved. If they are not, the State of Kansas will not apply for the Migrant Health Grant next year.

The closing paragraphs of this summary will be directed to the review of services during the past year.

The number of clinics and total attendance was lower than 1971 largely because the Project was unable to arrange clinics in the Goodland area. Total attendance was 724. Nineteen family clinics were held as opposed to 33 the previous year. Six clinics were also held to provide physicals for children attending Title I Centers and day care centers. An additional 110 children were provided with physicals by means of Title I funds at two other centers. This was another factor in a lower total, as was the absence of a physician in another county for all of June. The Project also paid on a fee-for-service basis for 1117 outpatient visits for patients in physician offices and emergency rooms. A total of 53 patients were seen in hospital emergency rooms and 63 patients referred for X-rays. Total cost for outpatient care was $17,510.18 or approximately $9.10 per visit. This cost reflects the cost of office fees, medications,

X-rays, setting of fractures, placing of casts and other emergency treatment, as well as lab tests which are considerable in the instances of a pre-natal profile or treatment of a diabetic. Many patients were treated for more than one condition during one office visit. A total of 1823 conditions were treated in family clinics and on a fee-for-service basis in addition to 447 general physical exams. Clinics are held during the peak months of June and July. Patients are referred to physicians' offices between clinics and during the rest of the year. In total the Project paid for 1841 patient visits.

In addition to receiving physicals most children attending Title I centers were screened for vision, hearing, and dental problems. Approximately 40% were also screened for hemoglobin deficiencies and urine abnormalities. The number of children having low hemoglobins was very few. Three years ago 50% of the children screened had abnormally low hemoglobins. Progress is due in part undoubtedly to the effects of the Supplemental Food Program and nutrition education.

The number of children needing dental work decreased by 118 as compared to the previous year, although an almost identical number were screened. Nearly 70% required no dental treatment. Of 234 children requiring treatment, 212 or 91.6% were completed. Thirteen adults were treated on an emergency basis. In total the Project paid for 705 fillings, 149 extractions, and 73 crowns. Six children were provided with appliances. We feel that our efforts in the areas of prophylaxis, restoration, and education have been instrumental in reducing both the amount of work necessary and the severity of the episodes. Some 269 fewer fillings and 23 fewer extractions were needed this year as opposed to a year ago. In addition to restorative and corrective dental services preventative services provided were as follows: prophylaxis 220, cavitron 42, fluroide treatment 133, and fissure sealant 29.

Family planning services were provided to 103 women. One man elected to have a vasectomy. The number of deliveries was 12% lower than a year ago.

As of this December, 1972 writing all hospital funds for in-patient care are once again exhausted. Since December 1, 1971 the Project has paid for 119 patient episodes. Cost to the Project was $29,736.00. Average stay per patient was 3.9 days as opposed to 4.1 days a year ago and 5.0 days three years ago. Average cost per day was $63.94, a per day increase of 22% in the last year and 49% in the last three years. We are presently seeking additional funds but as yet do not even have any tentative assurance that other funds will become available.

Housing conditions continue to be mostly awful. A state housing code is desperately needed. An acute housing shortage continues to press anything with a roof into service.

The story of this year's Project Report seems to be one of reduction despite a slight increase of population in a number of areas, and expansion in the areas of health education. The number of outpatient visits, children requiring dental work, hospital episodes, and immunizations have all decreased. While the reduction in indicated

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immunizations and dental work is self-explanatory, the reduction in hospital services provided and outpatient visits may not be. Even allowing for difficulties in setting up clinics and absences of any physicians in some counties for periods of time, it would seem that the health of the Kansas migrant is vastly improved compared to five or six years ago. Combined efforts of education, screening, early diagnosis, and treatment are beginning to reap a harvest. Perhaps we're beginning to make an impact on the problems of one of the nation's most forgotten minorities.

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II. REMEDIAL SCHOOLS AND MIGRANT EDUCATION PROGRAMS

The first day care and summer education programs for migrant children in western Kansas began almost ten years ago. These first programs were staffed entirely by volunteers from various churches and were held in any facility available. Most were held in church basements. One was held in a potato shed. The children were fed with a never ending supply of "covered dishes" provided by the ladies of the churches.

During the last ten years many changes have occurred in funding and facilities available. Funds utilized have included those from private, state, and federal sources. The latter has taken the form of O.E.O. and Title I ESEA monies.

For the third year all summer remedial schools, with the exception of a program in Johnson, operated with Title I Migrant Education funds. Centers were located in Garden City, Goodland, Lakin, Leoti, St. Francis, Sharon Springs, Sublette, and Ulysses. Two other communities sponsored programs for the first time. These were Liberal and Hoxie. It should be noted that the Project was able to offer little assistance to the Liberal program, because of the fact that the Project had no additional summer staff, and the activities of the year-round-staff were already committed for 16 plus hours of every day of the peak season. It should also be noted that very few children of domestic migrants were enrolled in the program in Liberal. Health services for Liberal children were ably provided by a nurse hired by the program. None of us were even aware of the program in Hoxie until we read of it in a newspaper account late in the season.

Most programs operated for a six-week period from early June till mid-July. All programs operated from early morning until late afternoon. Each program provided transportation for the children enrolled. Some bused children from as far as 25 miles away. The Sublette program included a number of children from the Copeland Area in adjoining Gray County.

Several changes occurred in programs this year as compared to past years. The Ulysses Unified School District decided not to apply for a Title I Migrant Grant. Their official reason was a lack of a sufficient number of migrant children. A newly enforced Title I regulation called for enrollment only of children of agricultural migrants who had been in the area less than a year. Proposals were written on this basis. If extra places remained in the program, then children of migrants residing in the area longer than one year could be enrolled. The Kansas Council of Agricultural Workers and Low-Income families applied for and received a grant for the Ulysses area. The Program was located at St. Mary's School, but because of limited facilities did not have adequate space for day care age children. Day care was provided by a community organization (See X. Community Action and Support.). Arrangements for feeding the children, many recreational activities, and transportation were worked out jointly by the two programs. A total of 68 children were enrolled in the program. Another change

was that the program operated until late afternoon. In recent years the Ulysses "migrant" school had operated until 12:30, leaving children on their own or forcing parents to bring them to the fields in the afternoon. This former unfavorable feature of the Ulysses program was a prime factor in establishing community programs to provide supervision and care for children in the afternoon.

Other changes in Title I Summer programs included the change of the Finney County Program from Holcomb to Garden City. This ended eight continuous years of summer programs in Holcomb. Almost all of the migrant housing owned by the Garden City Company in the Holcomb area was burned down in the fall of 1971. Thus, practically no housing was available. Because of this fact, most migrants working in the Holcomb area lived either in Garden City or in Kearny County. The Garden City Program enrolled a few four year olds but did not have a day care program as such. A few families did live in the Holcomb area, but children were not bussed into Garden City as local enrollment exceeded expectations.

A third change was the elimination of a day care program from the Leoti Title I Migrant Program. Day Care was provided by the Happy Baby Center (See Section X. for additional information.).

All programs provided a hot nutritious lunch, snacks, and most provided breakfast. Centers providing day care enrolled children three to five years of age. Children five to fourteen were enrolled in remedial programs.

Johnson, located in Stanton County, was the only remaining area drawing a large number of migrants which did not apply for a Title I Migrant Grant. Day Care, remedial, and arts and crafts programs were provided by the Concerned Citizens of Stanton County (See Section X.).

The philosophy of day care and "migrant school" programs is of course to assist the Spanish-speaking migrant child in obtaining a firm foundation in English as a second language and in catching up to his proper grade level. Not all children enrolled in migrant programs in western Kansas are Spanish-speaking. A number are Anglo. Also, for the past two summers the Sublette program had two families whose children spoke only German. This was a problem that caught the bilingual Sublette staff unprepared. Fortunately, small children pick up a second language very quickly when given the proper environment. The migrant child frequently misses school because of his family's travels. Coupled with his language handicap he often feels like a two-legged horse at the starting gate.

The Title I Programs not only deal with remedial problems, but also attempt to put the migrant child at ease in social settings taken for granted by his middle-class peers.

A data bank located in Little Rock, Arkansas now makes available information on the educational experience and background for many migrant children. The Migrant Transfer Record also contains limited health information such as immunization records, vision and hearing problems. If a particular Kansas program lacks information on a specific child, contact is made with the data center to obtain this information. It should go without saying that the data bank

after three years cannot possibly have a record on every child. However, this facility is becoming more valuable each year.

Head Start Programs under the sponsorship of the Kansas Council of Agricultural Workers and Low-Income Families operated in Garden City, Goodland, Leoti and Ulysses.

In addition to educational programs geared to children, a number of programs also were offered for the continuing education of adults. Adult Basic Education programs were available during the past year in Garden City, Leoti, Sharon Springs, and Ulysses. The Sharon Springs Program was held evenings during the summer in conjuction with the Title I Program for the children. Other programs mentioned were sponsored by the Kansas Council of Agricultural Workers and Low-Income Families, the Garden City Junior College, and the Leoti Public Schools. These were all state or federally funded. A new program funded by the Department of Labor is planned to begin in January, 1973 in Garden City. This program is geared to the needs of migrants and former migrants who are presently unemployed or employed on a part-time basis. Enrollees will attend classes five days per week and receive a stipend. Classes will include Adult Basic Education and drivers training.

Another new educational endeavor of interest is a proposed tutoring program in the Johnson area. Volunteer tutors will receive limited training in dealing with problems of education and related difficulties experienced by the children. Teachers will refer children to the program. Tutors will spend a minimum of one hour per week with the child and attempt to establish a rapport with the family as well. The tutor will also act as liaison between parent and teacher when necessary. This program promises to be one of great benefit to Spanish-speaking children in particular.

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1972 MIGRANT TITLE 1 DAY CARE CENTERS AND REMEDIAL SCHOOLS TOTALS

KANSAS TOWN	COUNTY	CHILDREN IN DAY CARE CENTER	REMEDIAL SCHOOL	GRAND TOTAL
Garden City	Finney	3	49	52
Lakin	Kearny	26	77	103
Leoti	Wichita	*	68	68
Ulysses	Grant	*	68	68
Goodland	Sherman	73	112	185
Sharon Springs	Wallace	21	83	104
Sublette	Haskell	13	54	67
St. Francis	Cheyenne	2	21	23
GRAND TOTALS:		138	532	670

* Day Care provided by community sponsored Day Care Centers.

III. HEALTH EDUCATION

The second year of our venture to zero in on nutrition education seems to have been even more successful than the first. Regular cooking and nutrition classes were held in Ulysses, Johnson, Leoti, and Garden City monthly except for the summer months of June, July, and August. Monthly classes were held in Scott City through May 1972. However, due to the smaller number of consumers residing in the Scott City area, the classes were not resumed there in September. The interested individuals are invited and encouraged to attend the sessions held in Leoti, and transportation is provided for those who need it. This seems to be a satisfactory arrangement for all concerned. Because of additional migrant families remaining in Gray County this year, monthly classes were started in Copeland in October, and these are still in progress. Classes are scheduled on a given day each month, e.g. the first Monday of the first full week of the month. A postcard is sent to each family announcing the class a few days beforehand. Then each family is reminded on the day of the class by a staff member. The staff exerted considerable effort to initiate nutrition classes in Sherman County, but without much success. One class was held in March, but the attendance was small. There seems to be a need for nutrition education for the migrants and former migrants of the Goodland area, but whether this can most effectively be accomplished by staff from the Garden City office remains uncertain.

This year Ulysses classes are being conducted in the beautiful new Community Building located in the new housing project. Jessie Schibbelhut, Homemaker Aide from the County Extension Office, is continuing to do a fantastic job. She has excellent rapport with the low-income and minority homemakers of the area. Her monthly classes are not only very helpful and informative but also extremely interesting and enjoyable. Besides conducting group sessions, Jessie also spends considerable time working with individuals in their homes.

Since September in Garden City the managing and conducting of the monthly sessions has been completely assumed by the County Extension Homemaker Aide, Velta Bradshaw. The classes are held in a spacious and well equpped building at the Fairgrounds. Velta's vibrant personality and contagious enthusiasm are very definite factors in the increasing interest and attendance at the Garden City classes. Attendance at the classes includes ladies from Holcomb and Deerfield as well as from Garden City. Like Jessie Schibbelhut in Ulysses, Velta also works with ladies on an individual basis in their homes.

Health Educators Genevieve Musquiz and Mary Schlecht conduct the remaining monthly classes in Leoti, Johnson, and Copeland. These sessions are held in the KCAW-LIF office in Leoti, in the United Methodist Church in Johnson, and in alternate family homes in Copeland.

During the past year much emphasis has been placed on the use of films as media of instruction and information. The majority of the classes included a film presentation followed by discussion. Although most of the films dealt with topics related to food and/or nutrition, other important topics included various facets of consumer education and budgeting, health topics such as uterine cancer and breast self-

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examination, and infant and child care. Each class is conducted both in Spanish and in English, and practically all materials and recipes distributed are available in both languages.

The major reason for discontinuing the monthly classes during June, July and August is that during these months many of the ladies and young girls are working extremely long hours or otherwise occupied, and attendance at the classes would be small. Those attending the classes voted in favor of having them during the nine months of September through May. Also during the summer months 100% + of every staff member's time is consumed in serving the basic needs of the incoming migrants. However, this past summer a supreme effort was made to make available to migrants at one of the labor camps what is so easily accessible for the residents at the monthly classes. Because every staff member was working at the clinics almost every night during the first part of the peak season, it was not possible to begin the night nutrition and health education sessions until later in the season. These were held at the Akagi Camp near Johnson and were so enthusiastically attended that they were held once a week until all the migrants left the area in mid August. Most of the films and health education materials utilized were in Spanish. Some of the areas covered were: basic health education, sanitation, personal hygiene, nutrition, disease control, immunizations, et. al. The films were shown late in the evening after the workers returned from the fields, bathed, and had supper -- and also late enough that it was sufficiently dark for the film to be shown outside since there is no room at the camp large enough to accommodate even a small group. Every man, woman, child, baby, dog, and cat seemed to be in attendance. Usually the human attendance comprised thirty to fifty individuals. The films and group discussion lasted until about 11:00 p.m., but usually the health educator would find herself still visiting with families and answering individual questions at midnight. The main interest evidenced seemed to be that of child nutrition. The interest and willingness to learn among these families were certainly gratifying. Needless to say, a more comprehensive health education program is being planned for the Johnson area for next summer. Hopefully, similar programs can be implemented in other areas where there is a significant migrant population during the summer months. The camp setting is ideal for conducting educational programs since this is very convenient for the families, and there is always a captive audience. It is sometimes very difficult to reach individual families scattered and living at varying distances from one another. The biggest problem anticipated in the successful carrying out of this project is the lack of sufficient staff to service multiple areas simultaneously and adequately. Obviously, medical services at the night clinic is a more basic human need than health education, but health education is more effective in a long range plan. Perhaps some health education sessions can be held in conjunction with or following the clinics. This is a high priority goal for the coming year.

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One problem requiring much time and attention of one of the health educators was a small pediculosis epidemic in Garden City. The families needing help were referred to us by the school nurse. Although only seven families were referred, this included 19 school children and 8 preschoolers.

Frequent and even daily home visits were made until the situation was under control. Pyrinate was provided to all the families, and the health educator instructed the families how to use it for maximum effectiveness. In several cases the health educator treated the children and showed the mothers and older children how to do this.

In one case of severe infestation there was not a single comb or hair brush in a home with nine family members. Six fine combs and six hair brushes were provided for this family. It should be noted that the condition of this family was mostly the result of a situation in which the father was working long hours and the mother had several prolonged hospital stays.

A total of 48 home visits were made before the head lice problem was completely eradicated. All the families were most cooperative. Without their willing cooperation the efforts of the Project would have been worthless.

The project nurse worked with about an equal number of pediculosis cases in Haskell County. There were also some other cases scattered throughout the Project area. Pediculosis is a problem which must be attacked firmly yet with the utmost of tact. Like taxes it's a problem which may be always with us. However, we feel we've made great progress in this area.

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IV. HOUSING AND SANITATION

Little has changed on the western Kansas scene regarding housing. For the most part housing available to the migrant and low-income family ranges from bad to deplorable. Most is of cheap construction, is so small it would drive a single occupant biserk, lacks adequate plumbing, is not designed for winter living because of a faulty or nonexistent heating system and lack of insulation, and in general needs repairs if listed that would go on for several pages. Many units are "furnished". However, the middle-income person would really have to use imagination to regard them as such. Rents are not only equal to housing of much better quality, but in many cases are as much as 50% higher.

Housing is in extremely short supply in western Kansas for all income groups. However, for low-income families the shortness of supply is especially acute.

For the most part most migrants must rent their own housing. At this point in the Project history very few growers any longer supply housing.

Few communities in our area have local housing and sanitation codes. Of those that do most are inadequate and not even enforced in the few areas where specifics are dealt with. For example, in one community a caved in sewer posed not only a threat to environmental health but threatened bodily injury as well. Action was delayed for nearly a year despite several petitions by residents affected by this problem, because one signature was missing. The person in question owned property on the street where the break had occurred but was residing outside the state.

Another community has a one paragraph code specifying only that houses within the city limits must be attached to the city sewer system. Most homes are not.

Another serious lack is that most codes only deal with homes within the city limits. Since much of migrant and low-income housing is on the other side of the tracks, in the country, or otherwise located outside of the city limits, what few housing codes do exist don't apply to a significant number of houses within the county. Kearny county is the only county in our area that has a housing code which applies to the entire county. Outdoor pumps, privies, one outdoor shower for 20 or more persons, and other inconveniences are still quite common.

Several communities in the area have applied for HUD grants to build housing for the low-income and elderly in their individual communities. As yet Ulysses is the only community where construction has been completed. Other towns are still awaiting funds. Construction in Ulysses was completed in the spring and all 40 units are now occupied.

One frequent criticism we hear is that migrants and low-income people abuse housing and are too irresponsible to be provided with good housing. We would like to direct these skeptics to the way in which families who actually have been provided with decent housing

have responded in maintaining them. Several pertinent examples are the low-income housing in Ulysses, the five self-help houses in Ulysses and the five contractor-built FmHA homes in Leoti. The pride each family takes in their home is unmistakable.

Several notes of progress are evident. However, the majority of low-income housing in the area would barely meet with standards of the dark ages. A state housing code is essential if all citizens of our state are to be provided with decent housing. Such a code must deal with all housing and not just migrant housing. The mechanics and personnel to enforce a code are also essential. Till such a code becomes a reality the welfare and dignity of many, many people hangs in the balance.

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V. NURSING SERVICES

By Connie Hernandez, R.N.

A ninth year of providing health services to the migrant population has been completed. Each year the farm worker travels far from his home and establishes a temporary residence during the crop season. Many remain in Kansas. Each year we try to improve the many ways in which we assist the migrant workers and their families with their needs.

Family clinics were conducted in the following counties: Grant, Stanton, Haskell, and Finney. Additional clinics were held to provide physical examinations for children in Kearny, Wichita, Wallace, and Cheyenne counties as well as the above counties. Physicians assisting in various locations with physicals and clinics were:

Finney	Frank Eichhorn, M.D.
Grant County	M. A. Brewer, M.D.
	James Greenwood, M.D.
Grant and Kearny Counties	Don Tillotson, M.D.
Haskell County	Carl Pratt, D.O.
Stanton County	Ronald Daily, M.D.
Wallace County	John Chung, M.D.
Wichita County	Willard Werner, M.D.

Family planning services were provided primarily through referral to Family Planning Clinics sponsored by the Division of Maternal and Child Health, Kansas State Department of Health. About 20 women also received family planning services at Migrant Health Family Clinics and on a fee-for-service basis. Services include educational films, group and individual counseling, examination by a physician including Pap Smear, providing the patient with the supplies of her choice, and follow-up. A total of 103 women received family planning services.

Title I Remedial School Day Care Centers and/or community sponsored child and infant care centers are provided in nine western Kansas communities. The Project with the assistance of area nurses aids these centers in initiating a medical record for each child, and provides a physical examination, indicated immunizations when possible, screening for vision, hearing, iron deficiencies, dental problems, and tuberculin testing. Urinalysis was also provided at some centers. Follow-up is initiated and completed whenever possible.

Many children screened at the various centers are referred to evening clinics or to private physicians. Occasionally a child may require hospitalization for a specific problem. In most cases costs for screening and follow-up are borne by the Project. However, this year the Title I Programs in Ulysses and Garden City paid for physical examinations, dental work and prescription lenses out of their program budgets.

Health problems most prevalent during the past year were diarrhea, upper respiratory, and skin infections.

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Health problems most prevalent during the past year were diarrhea, upper respiratory, and skin infections.

Referrals to the Texas State Department of Health were as follows:

Goodland - Sharon Springs Area	13
Leoti - Wichita County Area.....	3
Ulysses - Grant County Area.....	3
Johnson - Stanton County Area.....	5

Each year we see more progress and fewer health problems. Migrant families seem more concerned about health care than in the past.

One dramatic example of this is the reduction of the number of children requiring immunizations. Four years ago 80% required additional immunizations. This year 34% required additional immunizations. This is undoubtedly the result of more effective immunization programs in western Kansas and in Texas, as well as an improved referral system including the Migrant Data Bank and a higher percentage of families carrying immunization records with them.

Immunizations are provided by referrals to local health departments in Gray, Grant, Kearny, and Finney Counties. They are also provided at family clinics, at Title I Centers, and by the project nurses in counties not having county health departments. Monthly immunization clinics are held in Leoti with the able assistance of Kathy Lane, School Nurse, and at the Project office in Goodland.

LAKIN - KEARNY COUNTY

By Claire Fawcett, R.N.

Visits to Kearny County migrant families were started on May 30, 1972. Mr. Frank Tamez, home visitor, and myself visited each family. At this time we acquainted each family with the school program and health benefits available to them. Immunizations of the children were discussed. A large percentage of these children had received all their triple antigen, polio vaccine, rubella, and measles vaccine. Many of the families had continued the series in Texas through their local health departments. It was most encouraging to know that they made use of the services offered to them in their home community. Most families seemed very interested in their children's well-being. Homes visited were found to be clean and adequate. All members appeared well nourished and happy.

The health program was started on June 5, 1972. Health classes were part of each student's daily activities. Attractive health kits consisting of comb, toothbrush, washcloth, and soap were given to all students. Toothbrushing was encouraged and supervised daily. The importance of good hygiene and personal grooming was stressed. Health classes included programs of nutrition, safety, first aid, dental health, and body functions. The older children were taught basic first aid and enjoyed this thoroughly.

Dental screening was done by Dr. James Mankin of Topeka on June 13, 1972. Sixty percent of the children screened were found to be free of caries, and their teeth were in good condition. Those needing dental care were referred to Dr. Jon Wheat of Lakin. All dental work was completed, and the students' teeth were cleaned and treated with fluoride.

Dr. Donald Tillotson of Ulysses performed physicals on all students. One student was found to have a slight heart murmur and was referred. Excessive cerumen was found in four students' ears, and this condition was treated. Hemoglobins, urinalyses, and heights and weights were done on all students. All urines were found to be negative. Some of the students' hemoglobins were relatively low. All students received vitamins and iron therapy daily.

Vision testing using a Snellen chart was done on all students from age 6. Sixteen were referred to be rechecked, and correction lenses for 14 students were purchased by the school. Two students were found to be highly astigmatic, and special lenses were purchased.

Hearing screening using a Maico Audiometer revealed that all students' hearing was normal. No referrals were necessary. Denver Developmental Screening Test was performed on day care center children. All performed well in personal-social and gross motor development. Many failed in the areas of fine motor adaptive and language. The day care teacher was encouraged to do work in these areas with the children.

As mentioned previously, immunization levels were found to be high. Upon consultation with Dr. Tillotson it was decided to do tuberculin testing and to administer MMR vaccine to children needing this vaccine. Tuberculin testing using a Sterneedle was done on all students. One student's reaction was questionable. He was treated with intermediate strength, and the result was a negative reading.

Several injuries were sustained during the seven-week period and were treated accordingly. Several children were seen by the local physican for tonsillitis and injuries. One case of blepharitis was also treated.

Home visits were made to families by Mr. Tamez, and several individuals were referred to physicans for various ailments. Two prenatals were seen and also referred.

Janie Perez, my bilingual aide, was most helpful in all areas of the health program. I feel that the entire program was most successful. More than 35 families participated in our program, and their children's progress and maintaining their good health habits seemed to be of the utmost importance to them.

Note: Mrs. Fawcett also serves as Kearny County Public Health Nurse. She is of tremendous assistance to the Project throughout the year.

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SUBLETTE - HASKELL COUNTY

Many services in the Haskell County Area were provided through the facilities and because of the excellent cooperation of the Title I Migrant Program. Our special thanks go to Mr. Crockett White, Program Director and Robert Gutierrez, bilingual family-school liaison. Each year their assistance has proved invaluable in helping us to reach our intended goals.

Migrant Health Clinics were scheduled in Satanta with Dr. Pratt, D.O. Four clinics were scheduled. Since Dr. Pratt was on vacation for the first part of June, the first clinic was planned for June 22. However, Dr. Pratt was unavoidably detained and did not return in time for the clinic. Consequently, the first clinic was not held until June 29.

Vision Screening	38
Referred	10
Lenses Purchased	5
Hearing	45
Referred	0
Tuberculin Testing	41
Reactors (Chest X-ray Neg)	1
UA Screening	24
Referred	0
Hgb Screening	45
Referred	0
Physicals.. (Dr. Pratt)	63

A day care center providing care for infants and children under three years of age was again operated under the sponsorship of Haskell County Service Incorporated. The project nurse completed tuberculin skin testing for the staff and children. Dr. Pratt completed 16 physicals for the children enrolled. One child was referred for an allergy problem. Follow-up on immunizations was done at the center.

ULYSSES - GRANT COUNTY

The Title I Migrant Program was sponsored this year by the KCAW-LIF and held at St. Mary's School. Results of screening are listed below: Screening was completed by county nurse, Jeri Menzie, with the assistance of the project nurse.

Physicals.. (Dr. Tillotson)	61
Vision Screening	50
Referred	4
Hearing Screening	42
Referred	0
Tuberculin Testing	44
Referred	10
UA Screening	32
Referred	0
Hgb Screening	42
Referred	1

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Family clinics were conducted every week during peak season with a total of six clinics serving 132 patients. Home visits were made by the Grant County Health Nurse and project nurse to the camps for follow-up services recommended by the physicians. Health education to help mothers care for children who were ill with diarrhea was stressed. A number of families living in Haskell County also attended the Ulysses clinics.

CASE HISTORY:

A male patient 13 years of age was referred to the Project by a private physician in Texas. This child was first seen and treated 30 hours after his injury. At this time he sustained a commuted compound fracture of the left tibia and fibula, multiple lacerations and abrasions with an extensive laceration on scalp of occipital and frontal area and extended to lower and upper eyelid of the left eye.

This family was located in Grant County, seen at the migrant clinics, and referred to a surgeon with a specialty in orthopedics. X-rays were taken and old cast was removed, but since X-rays showed bony union of fibula but not of tibia, a long leg plaster cast was placed again. He was to return in three weeks. Parents were told that if bony union was present, conservative treatment would be carried out. The boy was examined a number of times during the summer and early fall. Since there was no improvement in his condition by October, iliac bone graft was scheduled. Follow-up care is being done by Ulysses County Nurse and project nurse. Recovery appears to be good. This family is still in the area and will be referred to the Texas Department of Health.

JOHNSON - STANTON

This farming community always draws a large number of migrant workers and families who arrive early and leave as soon as the crop season is over. The Concerned Citizens of Stanton County provide a day care center and nursery for the migrant children. Enrollment was 21 for this year. The county health officer was very cooperative in helping with health problems and emergencies. Physical examinations were given to 14 migrant children. Tuberculin skin testing was done on staff and children for a total of 24. Immunization records were checked and follow-up was done through the migrant health clinics. A total of four clinics were scheduled with 49 patients registering.

CASE HISTORY:

A 13-year old boy was examined at the Johnson Clinic. He was experiencing great pain from a corneal ulcer. He was referred to a opthomologist in Liberal who diagnosed the ulcer as one of probable hepetic origin. A phone call was made to an Amarillo opthomologist who had examined the boy earlier. The patient was continued on the

same medication he had been using and reexamined three weeks later. The ulcer was healed by the time of the second examination. The patient was released at that time and instructed to return immediately if he reexperienced any pain. Referral was made to the Texas State Department of Health. Permanent scarring is probable.

GARDEN CITY - FINNEY COUNTY

Screening was conducted by Lupe Lopez, R.N., Title I Program Nurse with assistance by project nurse and project staff:

Tuberculin Testing	25
Hearing Screening	47
Referred	0
Vision Screening	50
Referred	4
Lenses purchased	2
UA Screening	49
Referrals	0
Hct Screening..(Dr. Eichhorn)	50
Referred	8
Physicals..(Dr. Eichhorn)	51

Follow-up was recommended for four children as follows: tonsillectomy, cardiac evaluation, hematocrit retesting and phimosis. All urinalysis was negative. Eight children were placed on hemotinic therapy for iron deficiencies.

Six family clinics were scheduled. Total attendance was 91. A number of families from Kearny County also attended the Garden City Clinic.

CASE HISTORY:

In a home visit a mother asked for advice on help with her 18-month child who seemed to faint and stiffen for short periods of time. She stated that her mother-in-law had expressed an opinion that the child was having temper tantrums and would outgrow them. A referral form was given to the mother to have the child examined by a physican. The parents were advised that the child needed to be evaluated. An appointment was made at Great Bend with a neurologist. The child was having seizures which occurred with provocation. This was possibly due to the high fevers experienced as an infant. Recommendation was made that Elixir Phenobarbital 15mg be given twice a day, and if no seizures occurred, he would be reevaluated after the third month. Four weeks later the PHN made a home visit and the mother stated that the child had become very hyperactive. The nurse wrote to the neurologist about changing medication. He prescribed Dilantin 50mg gr. daily. Arrangements were made to have the child reevaluated. At the time of reevaluation the child was found to be alert and active with good balance and

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equal muscle stretch reflexes. The impression was centrecephalic epilepsy controlled by Dilantin. The recommendation was to continue medication until the boy is 2 years old providing that no seizures occur. It should not then be discontinued but tapered off providing that neurological examination and his EEG are normal at that time.

LEOTI - WICHITA COUNTY

No family clinics were scheduled in this area because of very low attendance last year and the belief that working hours of migrants in Leoti enabled them to receive medical services at regularly scheduled times at physicians' offices.

The report by Kathy Lane, R.N., Title I Program nurse follows:

I tried to begin health screening as soon as possible after our school session began. I felt this would ensure all students being screened early in the program in case they did not stay for its entirety.

Hemoglobin Screening	34
Referrals	3
Urinalysis	37
Referrals	0
Hearing Screening	41
Referrals	1
Patient was examined by Dr. W. F. Werner, M.D. and referred to Dr. Allen in Salina, Kansas. Follow-up was successful.	
Vision Screening	41
Referred	4
Lenses purchased	4
T.B. Skin Tests	21
Postive reactors	0
Physical Examination ..(Dr. Werner)	32
Ear infections, ear wax, post nasal drainage, Staph infections, cyst on lower lip, and red throats were problems found. Follow-up was successful.	

All the children who were screened for dental problems received the necessary dental treatment before the summer session was over. There were fewer serious dental problems this summer than in past years. Periodic health checks in the classroom helped teach the children better personal hygiene, and also gave me a chance to find health problems before they became too serious. Good health habits and nutrition were also stressed in the individual classrooms during the summer. Films were shown throughout the session almost daily on different health subjects. Monthly immunizations were continued throughout the summer.

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In summary, a total of 307 persons were served at 19 family clinics. Seven persons were referred to area specialists for specific problems.

Lack of extra summer staff put a great burden on everyone, especially the project nurses. We wish to express a special note of appreciation to county nurses, Jerri Menzie, Grant County; Tee Fawcett, Kearny County; Irene Hoyt, Finney County; School nurses: Kathy Lane, Lupe Lopez, Norma Jean Yarger, and the many physicians and other nurses who helped make our services a reality. We also wish to thank area consultant nurses Myra Sloan and Jessie King for their assistance and many supportive efforts.

The report of Project Nurse, Floriene Whisnant is found in Section VIII, Northwest Report.

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1972 NURSING SERVICES SUMMARY

Name of Town	County	Hearing Screening		Snellen Vision Screening		Immunizations		Physicals		TB Screening		UA Screening		Hgb. Screening	
		Total	Referred	Total	Referred	Total	Series Completed	Total	Referred	Total	Referred	Total	Referred	Total	Referred
Garden City	Finney	47	0	50	4	62	62	51	4	25	0	49	0	50	8
Lakin	Kearny	46	0	58	14	76	76	80	5	71	1	61	0	93	19
Leoti	Wichita	41	1	41	4	131	131	32	6	32	0	37	0	34	3
Johnson	Stanton	0	0	0	0	5	5	14	0	24	0	0	0	0	0
Goodland	Sherman	116	0	116	0	109	109	0	0	116	0	0	0	0	0
Ulysses	Grant	42	0	50	4	35	35	61	3	44	10	32	0	42	1
Sublette	Haskell	45	0	38	10	18	18	63	1	41	1	24	0	45	0
Sharon Springs	Wallace	70	5	81	11	0	0	93	17	93	2	0	0	0	0
St. Francis	Cheyenne	23	0	23	0	0	0	23	0	25	0	0	0	0	0
GRAND TOTALS:		430	6	457	47	436	436	417	36	471	14	203	0	264	31

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VI. MEDICAL AND DENTAL SERVICES

A total of 19 family clinics were held during the peak season of June and July. Six clinics were also held to provide physical examinations for children attending Title I Programs and day care centers. This number does not include the physical clinics in Ulysses and Garden City which were paid for with Title I Program funds. A total of 724 patients received services at Migrant Health Clinics. An additional 110 children received physicals through Title I funding. The above total of 724 represents a large decrease as compared to the previous year. This decrease is partially offset by the physicals provided by Title I and services on a fee-for-service basis. The primary reason for the large decrease in clinic attendance was the lack of clinics of any kind in Goodland. Despite great efforts by the Goodland staff, no clinics could be arranged with local physicians. This is not a new problem in Goodland. The physicians in that community are overworked just as everywhere else in rural Kansas. The fact that arrangements could not be made for physicals for the children was a particularly great disappointment for the staff.

Other factors contributing to lower clinic attendance were a late start in Haskell County because the physician in that county was on vacation, and the cancellation of one clinic each in Ulysses and Satanta when no physician was available due to emergencies and other unexpected circumstances.

In addition to clinic services 1117 patients were seen on a fee-for-service basis. This figure included 53 emergency room visits and 63 outpatient X-rays. In total 1841 patient visits were paid for by the Project. This represents a decrease of 629 visits from a year ago due largely to the problems encountered in clinic attendance as mentioned above. Additional problems included the absence of any physician in Wichita County for five months and frequent and extended vacations by a physician in another county. Consequently, migrants had to seek services in adjoining counties and did so only when serious problems arose. Total cost for outpatient care was $17,510.18.

It might be in order to mention that many Garden City physicians are no longer accepting obstetric cases because they can barely manage their extremely large caseloads even without the extra burden of deliveries. Garden City has 12 private physicians, four of whom are specialists. This group serves a county of approximately 18,000 with many other referrals from other counties. Because most local physicians are no longer accepting O.B. cases, most deliveries are being handled by three physicians. One of these doctors delivered 100 babies last year.

Nine patients were referred to eye or ear specialists during the last year. One 33 year-old man was suffering from a collapsed and badly damaged ear drum caused by a chronic ear infection of many years duration. He left the area to return to Texas soon

after being examined by a specialist in Salina. A referral was made to Texas immediately, but as yet we have no confirmation that treatment was continued. Correspondence from the patient indicated that he was having great difficulty getting an appointment even though he had the results of his Kansas evaluation in his possession. We have written to this patient a number of times but have received no reply for some time. Most probably he has moved on to a new area.

Four other patients were referred to the Area Mental Health Center for evaluation and services. Six children were referred for evaluation of congenital heart defects. Two other patients were referred to neurologists for evaluations. One patient required hospitalization.

Another unusual case of interest involved a nine year old residing in the Tribune area. This child was examined by Dr. Werner in Tribune after being brought home by the school nurse. The child complained of flu symptoms. Dr. Werner arranged immediately for this child to be transferred to the Denver Children's Hospital. His case was diagnosed as Guillain-Barre Syndrome, an illness of probable but unspecified viral origin. This disease is very similar to Polio in the paralytic and respiratory complications. However, unlike Polio the patient's chances for signifcant or total recovery are very good.

This patient was discharged from the hospital after 17 days to the care of Dr. Werner in Tribune. Arrangements were made for physical therapy treatment at St. Catherine Hospital in Garden City as this was the closest facility having a physical therapy department. All medical expenses were paid by Title XIX. Recovery is almost totally complete at this time.

Since nursing and medical services necessarily intertwine, additional information can be found in V. Nursing Services.

Dental surveys were conducted at each of the Title I Migrant Programs and three locally sponsored programs in early June. Dr. James Mankin, Chief of the Dental Health Section, Kansas State Department of Health, conducted surveys in Garden City, Goodland, Lakin, Leoti, Sharon Springs, and Sublette. Surveys in Johnson were conducted by Dr. Lewis Palmer and in St. Francis by Dr. Haberbosch. A summary of the dental surveys can be found in the next pages. A total of 537 children were screened in the initial surveys. Of these 70% required no dental treatment.

The purpose of the dental survey was to determine the number of children requiring treatment and the dental caries experience of migrant children. A survey is essential to initiate treatment.

The criteria used for determining dental caries experience was the usual classification of DMF (decayed, missing, filled) for permanent teeth and def (decayed, teeth indicated for extraction, filled) for deciduous teeth.

Dentists providing dental services for the program were:

Dental Caries Experience - Children of Migrant Workers

Western Kansas

June 12-13, 1972

City	Age	Number of Children Examined	Children Requiring No Dental Treatment		Dental Caries Experience							
					Deciduous				Permanent			
			Number	Percent	d	e	f	def	D	M	F	DMF
Goodland	3-5	41	38	93%	0.32	0.00	0.07	0.39	-	-	-	-
	6-13	83	62	75%	0.35	0.08	0.94	1.37	0.04	0.01	0.42	0.47
Sharon Springs	3-5	14	10	71%	1.14	0.21	0.21	1.56	-	-	-	-
	6-13	57	43	75%	0.30	0.04	1.53	1.87	0.04	0.00	0.44	0.48
Leoti	3-5	15	9	60%	0.60	0.13	0.33	1.06	-	-	-	-
	6-13	21	15	71%	0.57	0.00	0.57	1.14	0.10	0.05	0.33	0.48
Lakin	3-5	21	16	76%	0.62	0.00	0.71	1.33	-	-	-	-
	6-13	47	28	60%	1.13	0.15	0.64	1.92	0.15	0.02	0.66	0.83
Garden City	3-5	9	6	67%	0.77	0.11	0.00	0.88	-	-	-	
	6-13	37	28	76%	0.43	0.11	0.92	1.46	0.03	0.03	0.00	0.06
Ulysses	3-5	19	11	58%	1.42	0.00	0.26	1.68	-	-	-	-
	6-13	101	64	63%	0.63	0.07	0.57	1.27	0.39	0.02	0.65	1.06
Sublette	3-5	19	10	53%	1.05	0.00	0.42	1.47	0.21	0.00	0.00	0.21
	6-13	36	26	72%	0.88	0.14	0.58	1.60	0.14	0.00	0.19	0.33
Johnson	3-5	4	3	75%	0.75	0.00	0.00	0.75	-	-	-	-
	6-13	13	8	62%	0.92	0.00	0.00	0.92	0.31	0.00	0.15	0.46
TOTALS	3-13	537	377	70%	0.64	0.08	0.66	1.38	0.12	0.01	0.32	0.45

Lakin, Sublette	Dr. Jon Wheat
Johnson, Ulysses	Dr. Lewis Palmer
Leoti	Dr. Charles Purma
Garden City, Scott City	Dr. Dennis Parsons
Garden City	Dr. Tony Martin
Goodland, Sharon Springs	Dr. J. L. Beynon
	Dr. N. R. Hirsch
St. Francis.....	Dr. Haberbosch

Nitrous oxide units used by Dr. Parsons, Dr. Palmer, and Dr. Wheat again proved invaluable in putting the small children at ease and making treatment possible.

Three children required hospitalization so that treatment could be completed. These were very small children with very serious problems. One of these children also had a condition diagnosed as severe idiopathic gingival hyperplasia which among other things if not corrected endangers the proper eruption of the permanent teeth and results in a severe malocclusion. In layman's terms this condition perhaps could best be described as "bumpy gums". This condition was corrected by surgery.

The use of Ketaject (Ketamine Hydrochloride) was employed in the treatment of four other small children. This local anesthetic is administered intramuscularly initially and maintained at low levels intravenously until work is completed.

Robert Butler, RNA administered this anesthetic in Dr. Wheat's office in Lakin. The use of this anesthetic has many advantages. It does not affect involuntary responses, thus is essentially safe. Also, the patient can return home once the effects of the anesthetic wear off. This is a very important factor for anxious three-year-old patients. Lastly, costs for this type of treatment are 1/3 of the amount required for one day's hospitalization and operating room fees incurred for the same kind of treatment on an inpatient basis.

The use of fissure sealant was reduced this year as some area dentists felt that results were not as good as anticipated. However, several area dentists feel that the fissure sealant application method which employs the use of an ultraviolet lamp is much more effective. A Leoti dentist has been using this method for about two years and feels that this technique results in a dramatic reduction in tooth decay. It is probable that this method will be used by several area dentists in next year's program. This method is considerably more expensive and requires more time than using other commercial sealants which do not require the UV lamp. However, if reports of as much as 60-95% reduction in decay are accurate, such expenditures of time and money will be well worth it. The purpose of using a fissure sealant is to effectively seal the pits and fissures on the occlusal surfaces of the teeth where most decay initially begins, thus substantially decreasing the number of new cavities.

Another facet of the dental program which we hope to devote more time in the next year is dental education. The American Dental Association now feels that the technique of brushing the teeth in a gentle circular motion and into the gums with a soft brush and followed with the use of dental floss is far superior to the conventional method of brushing away from the gums in an up and down motion. It is felt that this method removes plaque more effectively and prevents gum problems as well as reducing decay significantly. A limited program was initiated during the past summer at the Ulysses Title I Program. Gum problems are especially common for Mexican-Americans whose diets are especially lacking in abrasive foods. Whether we can attack this problem of re-education effectively remains to be seen.

During the last year 240 children received dental services of a restorative nature through the Project. Of 234 children requiring treatment 212 or 91.6% were completed. Thirteen adults were treated on an emergency basis requiring 41 fillings and 13 extractions. In total the Project paid for 705 fillings, 149 extractions, and 73 crowns. Six children were also provided with appliances. It is extremely encouraging to note that while the number of children screened was almost identical to that of a year ago, 118 fewer children required work. Therefore, 269 fewer fillings and 23 fewer extractions were required. We feel that our efforts in the areas of restoration, prophylaxis, and education have really paid off. Children returning to our area a second year usually require minimal or no treatment. Four years ago many of the children needing treatment had ten or more teeth in critical condition. During the past year only two children had conditions as serious.

In addition to children receiving restorative services, preventative services provided were as follows: prophylaxis-220, Cavitron-42, Fluoride treatment-133, and fissure sealant 29.

Many of the summer education programs provided transportation to the dentists' offices for children requiring treatment. Some parents also assisted with transportation when possible. However, the Project staff provided almost all of the required transportation in the Sublette, Garden City, Ulysses, and Johnson areas. Such efforts were very time consuming. A considerable amount of time was also spent informing parents of work needed and scheduled appointments, and explaining what work had been completed and what still remained to be done. Fortunately we have outlived our image as the "tooth-pullers", an image partially earned by the large numbers of extractions required in the early years of our program when many children required multiple extractions. Also, many low-income people still undoubtedly regard a dentist as someone who only extracts teeth, since in their experience treatment was sought too late to save a tooth. This image is a point of education on which we spend considerable time.

The dental van on loan to the Kansas Council of Agricultural Workers and Low-Income Families mentioned in last year's report was not used by the Project this year as no way could be worked out to use it effectively.

SUMMARY OF CHILDREN'S DENTAL SERVICES

Town	No. Checked	No. Requiring Work	No. Completed	No. Partially Completed	No. Not Started	% Completed
Goodland	124	24	23	-	1	95.8
Garden City	52	19	19	-	-	100
Johnson	35	22	18	4	-	81.8
Lakin	84	37	35	2	-	94.6
Leoti	43	19	18	1	-	94.7
St. Francis	23	5	5	-	-	100
Scott City	7	6	6	-	-	100
Sharon Springs	71	18	16	2	0	88.8
Sublette	57	27	25	-	-	92.5
Ulysses	120	57	47	5	5	82.4
TOTALS:	616	234	212	14	6	91.6

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SUMMARY OF RESTORATIVE AND CORRECTIVE WORK COMPLETED ON CHILDREN

		PERMANENT				PRIMARY			
Town	Number Treated	Amal	Adaptic	Ext.	Crowns	Amal	Adaptic	Ext.	Crowns
Garden City	20	5				25		9	6
Johnson	22	48				24	1	3	
Goodland	23	29		1		48		21	
Lakin	37	33		2	1	43		32	13
Sublette	27	21				15		27	21
Sharon Springs	18	30				39	2	9	
Scott City	7	13				1		2	
Ulysses	62	93	7	5	2	80	6	18	13
Leoti	19	49	1			36	3	7	17
St. Francis	5	4				8			
GRAND TOTALS:	240	325	8	8	3	319	12	128	70

Key: Amal = silver alloy filling; Adaptic = white resin filling;
Ext = extraction

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PREVENTIVE DENTAL SERVICES SUMMARY

	Prophylaxis	Fissure Sealant	Fluoride Treatment	Cavitron
Garden City	50	-	49	-
Johnson	27	-	9	9
Lakin	36	-	39	3
Leoti	14	14	-	-
Scott City	7	7	7	1
Sublette	24	-	22	4
Ulysses	62	8	7	25
GRAND TOTAL	220	29	133	42

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VII. HOSPITAL SERVICES

Hospital Services have been offered by the project since July, 1967 when HEW, Migrant Health Funds first became available for this purpose.

The project presently has agreements with 19 area hospitals. Most patients receive services at six area hospitals. In fact, during the past year, 77 of 119 patients were hospitalized at St. Catherine Hospital, Garden City; Bob Wilson Memorial, Ulysses; and Northwest Medical Center, Goodland.

The Project pays 100% of inpatient physician fees and 61% of hospital charges. These percentages are predetermined for each state by the Migrant Health Program at the national level. The latter is computed by multiplying the Medicare % for each participating hospital by the Medicaid % for Kansas which is 61%. Since the Medicare % of all participating hospitals is 100%, the Project, therefore, pays 61% of hospital charges.

Since the last Project Report (December 1, 1971) there has been a total of 119 hospital episodes. Total cost to the Project was $29,735.86. Total number of days was 465. The average number of days per patient episode was 3.9. The average cost per day was $63.94. The average cost per patient episode was $249.88.

The following comparison will, we hope, serve to dramatize the spiraling cost of inpatient hospital care during the last four years.

	1969 Progress Report	1970 Progress Report	1971 Progress Report	1972 Progress Report
No. of Patients	113	117	141	119
No. of Hospital Days	565	499	578	465
Cost Per Day	$42.78	$49.45	$52.35	$63.94
Cost Per Episode	$213.93	$210.29	$220.91	$249.88
Average Hospital Stay	5.0 Days	4.25 Days	4.1 Days	3.9 Days
Total Cost (To Nearest $)	$24,174.00	$24,604.00	$30,259.00	$29,736.00

Several comments are in order regarding the above. Hospital funds were exhausted in the late spring of 1970. Therefore, there was a lapse in services in the period covered by the 1970 Project Report. Taking this into account we can say there was a consistent increase in the number of patient episodes each year until this year. The average number of hospital days per patient has consistently decreased while the cost per day has shown a great increase: 22% in the last year and 49% since December 1, 1969.

We feel that the decrease in hospital episodes this year is more than just coincidence. It should be noted that five patients were the victims of one accident in late June. Another six episodes were for one diabetic patient necessitated because of complications during

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pregnancy with an acute appendicitis thrown in for a bonus. On the other side of the balance approximately 12 hospital episodes involving migrants were paid for by Title XIX. Assuming that five hospitalizations from one accident and six for another patient are not average, and allowing for the other 12 paid for by Medicaid, it would seem that the total number of hospital episodes per year may be on the decline. With such great increases in medical care as we have experienced in the past year, we certainly hope so.

Averages are at the best misleading. For example, the average cost per patient episode of $249.88 includes extremes of $2.44 (61% of one day's care for a newborn) for one patient to expenditures of more than $1,000.00 each for five patients requiring treatment and surgery for acute illnesses.

The decrease of the average number of days per hospital stay is a figure which we feel is representative of the progress made in preventative care coupled with early diagnoses and treatment. Availability of services has allowed migrants to seek care before a specific condition has become life threatening, thus decreasing the number of extremely long hospital stays. The longest hospital stay during the past year was 13 days, a sharp contrast to 30 day stays of past years.

The chart that follows shows a general breakdown of specific conditions requiring hospitalization. Once again expenses for deliveries (29) and the newborn (26) accounted for the majority of hospital episodes: 55 of 119. This was four fewer deliveries than in the previous year. Two diabetic mothers delivered stillborn infants. The expenses for the third "missing baby" were paid by the parents and so are not included in the chart.

As of December 6, 1972 all hospital funds for this fiscal year have again been exhausted. This is the third year that funds available from the Migrant Health Program for hospital care have been "frozen". "Frozen" means that levels cannot be increased nor decreased. Thus, other funds must be sought to provide necessary funding levels. Presently, our HEW Migrant Health budget is providing $17,779.00 which is just a little more than half of what is required. During the last two fiscal years we have been able to obtain other funds from another federal agency to continue our services. We are again seeking additional funds at this time. However, with the veto of the HEW Bill and other national trends, prospects are less favorable than usual.

Needless to say, migrants are not provided with, nor can they afford conventional hospital insurance. National health insurance is at best a dim vision on the distant horizon. Many migrants do not qualify for Medicaid benefits because they own a motor vehicle less than four years old. Additionally, a recent revision in the Kansas Welfare Manual indicates that a person not intending to reside permanently in the state of Kansas is not eligible for medical assistance. Their medical expenses should be provided by their home state. This notation is extremely interesting since Texas has no medical assistance program for persons not receiving cash grants. One wonders if the above directive might have been written with the Texas migrant in mind.

Another note of impending doom is in reference to a June 23, 1972 draft of Program Guidelines for Projects for Services to Agricultural Migrants. This draft suggests that hospital services should be held to a $300.00 maximum in future. Approximately 21% of our hospital episodes during the past year exceeded this figure. The guidelines give no clue as to how this amount is to be divided between physicians and hospitals.

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HOSPITAL SERVICES SUMMARY

Diagnosis	No. of Patient Episodes	No. of Days	Physician Fees	Hospital Costs (61%)	Total
Deliveries	29	125.5	$4279.00	$5444.71	$9723.71
Newborn	26	94.5	$37.00	$1222.66	$1259.66
Conditions of the Digestive System	11	64	$1741.50	$3001.57	$4743.07
Gyn Conditions and Complications of Pregnancy	8	28	$898.00	$1201.36	$2099.36
Respiratory Infections	8	20	$405.00	$859.97	$1264.97
Appendicitis	4	17	$850.00	$1633.77	$2483.77
Fractures Lacerations and Sprains	9	26	$1358.03	$1651.43	$3009.46
Hepatitis	3	24	$165.00	$479.09	$644.09
Dental and Oral Surgery	3	3	$353.00	$454.94	$807.94
Other	18	63	$1150.94	$2548.89	$3699.83
TOTAL:	119	465	$11,237.47	$18,498.39	$29,735.86

VIII. NORTHWEST REPORT

By Floriene Whisnant, R.N.

As April came to Cheyenne, Sherman, and Wallace counties we started looking forward to renewing friendships with the migrant families of years past, but just a few of the friendly faces appeared. This year we had a new group of workers from the same areas of Texas, New Mexico, and Florida. Many of the families had health records with all pertinent information. We furnished a health record to those who did not. We encountered a number of pregnant women who had not seen a physician. Some of these appeared to be nearing due date. We referred them to a physician with a request that they be given a report of work performed, so that the patient could present it to the next physician she might see as they moved across the states. If the patient's destination were known, she was referred to the migrant health or public health service in that area. This was done for all workers and families who had a medical problem. Several patients needing surgery elected to return to their home state for surgery.

No special evening clinics were held this past summer. All workers and families were seen at the Medical Arts Clinic, usually the same day that the referral was made, or in the hospital emergency room. No one was refused service.

This year as in years past more workers came into the area than were needed. Many came to our office seeking aid. We referred them to or called the Employment Opportunity Center to see if any work was available in the area. Some were referred to the Social Welfare Department for monetary help and/or commodities; several were also referred to the Kansas Council of Agricultural Workers and Low-Income Families for whatever aid they could give them with food, clothing, money, and help in finding housing.

We work closely with the summer migrant schools. Dental screening was done in Sherman and Wallace Counties by Dr. Mankin, Kansas State Department of Health, and Cheyenne County by Dr. F. N. Haberbosch. Dental work was done by Dr. Beynon and Dr. Hirsch for Sherman and Wallace Counties. Children from Wallace County were bused to Goodland for dental work since Wallace County does not have a dentist. Dr. Haberbosch completed the dental work for children in Cheyenne County. TB skin testing, indicated immunizations, and vision and audio screening were done for all students enrolled in the summer schools. Physicals were done on all students enrolled in Sharon Springs by Dr. John Chung and Staff. In St. Francis Dr. Lucille Stephenson did physicals with vision and audio screening. In the Goodland school Mrs. Norma Jean Yarger, R.N., school nurse, and Dolores Manzo, bilingual attendance director, did the vision and audio screening. Dolores also aided in seeing that children were taken to the doctor or dentist, whichever they needed. Without their help much of our work might not have been accomplished. Elsewhere in this report you will find the number of people immunized, screened, and referred.

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Referrals received from Florida, New Mexico, and Texas were followed up if possible and a report made to the referring state. Occasionally the families had left the area leaving no forwarding address by the time we received the referral. Several times the referral arrived before the worker did.

We attempted to have cooking classes in March, April, and May, but the attendance was very poor, so they were canceled, since it was getting to the busy season, and it was decided to try later on.

Family Planning was on an individual basis. This seems to work better in this area. Approximately 40 families were counseled, with most preferring the "Pill". The 28-day cycle seems to be best suited for them.

Throughout this report I have used "we". If it were not for my bilingual co-worker, Tom Woodward, much of the above work would not have been accomplished.

By Tom Woodward

The year's activities were very much alike those of the past, but we endeavored to do more for the individual. Unfortunately the Kansas Council which last year started with measurable success was inactive with funding and internal problems. This inactivity coupled with the absence of the VISTA Volunteers caused most migrants to reflect again to this office.

We continued to relate to the migrant schools in the three county area with vision, hearing, and T.B. examinations, as well as coordinating physical examinations by local doctors. The dental program was the most successful program as it has been in the past. Three dentists in the three counties shared the hectic and massive work load. Home visits were not as abundant as in the past as the office continues to be a focal point, well advertised and accessible to all concerned. The Supplemental Food Program seemed to benefit the migrant more than any other programs in general. It, of course, relieved the effective cash outlay for food to be realized on rent, utilities, etc. Referrals to doctors and hospitals were great reaching into some highly specialized areas. Housing continues to be horrible for the most part; no code and hence no standards. A code for all housing seems to be the most logical approach.

This is my last year with the migrant program, and this report is written with some retrospect. Three and one-half frustrating yet enjoyable years!! Hopefully a Mexican-American can be obtained as a replacement. This position has been educationally revealing to me -- I have been educated more than educating. I thank Kansas State Department of Health as well as those thousands of migrants streaming into this area for having made my life more enjoyable and richer and never boring.

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IX. SUPPLEMENTAL FOOD PROGRAM

Since the existing food programs did not take into account the special dietary needs of pregnant women, infants, and small children, Congress in 1967 enacted a program to distribute supplementary foods to pregnant, nursing, and postpartum mothers (through the first year of the child's life), and to preschool children.

However, in 1970 budgetary considerations surfaced when the Department of Agriculture announced that the newer program could no longer be extended to food stamp areas, and that participation would be limited to mothers and to children under one year of age in commodity areas. Furthermore, vital sources of Vitamins A and C, calcium, protein, and riboflavin were reduced.

Due to political considerations throughout 1971 the program was revitalized in December of that year when peanut butter and scrambled egg mix were restored to the program and the fruit juice was boosted to its former distribution rate. Besides the above mentioned items the Supplemental Food Program also includes evaporated milk, instant dry milk, farina, corn syrup, canned vegetables, and canned meat.

As might be expected, the item most in demand is milk for the babies and children. A few families request to receive the milk only. Occasionally we still find isolated instances where some commodity items are refused because the mother doesn't know how to utilize them, but these situations are decreasing due, in part at least, to the emphasis being placed on nutrition education in the monthly cooking classes described in III. Health Education.

Over 49 tons of supplemental foods were distributed during the past year to an average of 210.5 individuals per month. Commodities are stored in the migrant offices in Goodland and Garden City. From the Goodland office distribution is made to families in Goodland, St. Francis, Sharon Springs, and the northwest area. Recipients from Garden City, Holcomb, and Deerfield call at the office to receive their allotments. Of course, in an emergency situation or when the family has no means of transportation, the commodities are delivered to their home. Commodities are transported by the health educators to Ulysses, Johnson, Leoti, and Copeland once each month and distributed to the families at the monthly cooking classes. Commodities for Kearny County are transported to Lakin, and distribution is handled by the county nurse. Routine monthly distribution is on a specific date each month for each area, but commodities are always readily available whenever the need arises.

Much staff time is consumed in the efficient organization and administration of the Supplemental Food Program. Verification of need must be made by a nurse or a medical doctor at three-month intervals. Family histories and both active and inactive card files are maintained for all the recipients. Each family is provided with an identification card and an authorization form which permits them to delegate someone else to pick up their food if they are unable to do so. The two-page issue and receipt form must be completed by the staff and signed by the family each time commodities are received.

The inventory sheet indicates at any given time the exact amount of each food item on hand. At the end of each month reports are completed for the USDA office in Dallas and the Division of Food Programs in Topeka.

Since September a Neighborhood Youth Corps worker has been assisting with routine preparation of commodities for distribution and also in preparing the issue and receipt forms. She prepares approximately 50% of all commodities distributed and completes about 75% of the issue and receipt forms. This frees the Health Educator to spend more time with families and results in much more personal and beneficial service to the families with whom we are working.

To a greater or lesser degree the Supplemental Food Program does help to satisfy the nutritional needs of some families. There are many needy families who do not qualify for the Supplemental Food Program because there are no children or because the children are six years of age or older, or because they are not migrants or seasonal farm workers. Some families are helped by the Food Stamp Program or the USDA Commodity Food Distribution Program administered by the County Welfare Offices, whichever is available in their county.

Emergency Food money was available through the Kansas Council of Agricultural Workers and Low-Income Families, but the funds are exhausted at present. The Council expects to receive more EFMS money in the future. Meanwhile, they have established Council Food Banks in Garden City, Ulysses, Goodland, and Leoti. Contributions of cash and non-perishable food are made to the banks. This in turn is given to families in emergency situations.

Approximately 20% of all households in the United States subsist on poor diets according to standards established by USDA. Statistics also reveal that the worst health and nutrition conditions exist among migrant farm laborers. There are still 26 million Americans living at or below federally-defined proverty levels and who, therefore, cannot afford to purchase an adequate diet. More than 43% of them receive no help whatever from any federal food program. Among the migrant and former migrant families served by our Supplemental Food Program 83% are not receiving any other form of food assistance. Thus, if it were not for our Supplemental Food Program, only 17% of these nutritionally needy families would be receiving help from any federal food program. There are many reasons for lack of participation in the Food Stamp and Commodity Distribution Programs. The chief reason among our families for not purchasing Food Stamps is that they simply cannot afford them. Sometimes the family is lacking in knowledge about the programs and how to apply for them.

The above simple cold facts among others demonstrate the serious insufficiency of the federal food programs. What we are really considering is hunger and its debilitating effects on human personality, growth, and development, considerations deserving the highest priority in a civilized nation.

MONTHLY ALLOTMENTS OF SUPPLEMENTAL FOODS

	Infants 0-6 months	Infants 7-12 months	Children 1-5 years	Women Prenatal and Postpartum
1. Evaporated Milk	30	30	30 (1-2 Years) 10 (3-5 Years)	2
2. Instant Milk	-	-	0 (1-2 Years) 1 (3-5 Years)	1
3. Farina	3	3	3	1
4. Corn Syrup	3	3	-	-
5. Juice	1	2	3	3
6. Vegetable.	-	-	4	7
7. Meat	-	-	1	1
8. Egg Mix	-	2	4	2
9. Peanut Butter	-	-	1 (Every 2 months)	1 (Every 2 months)

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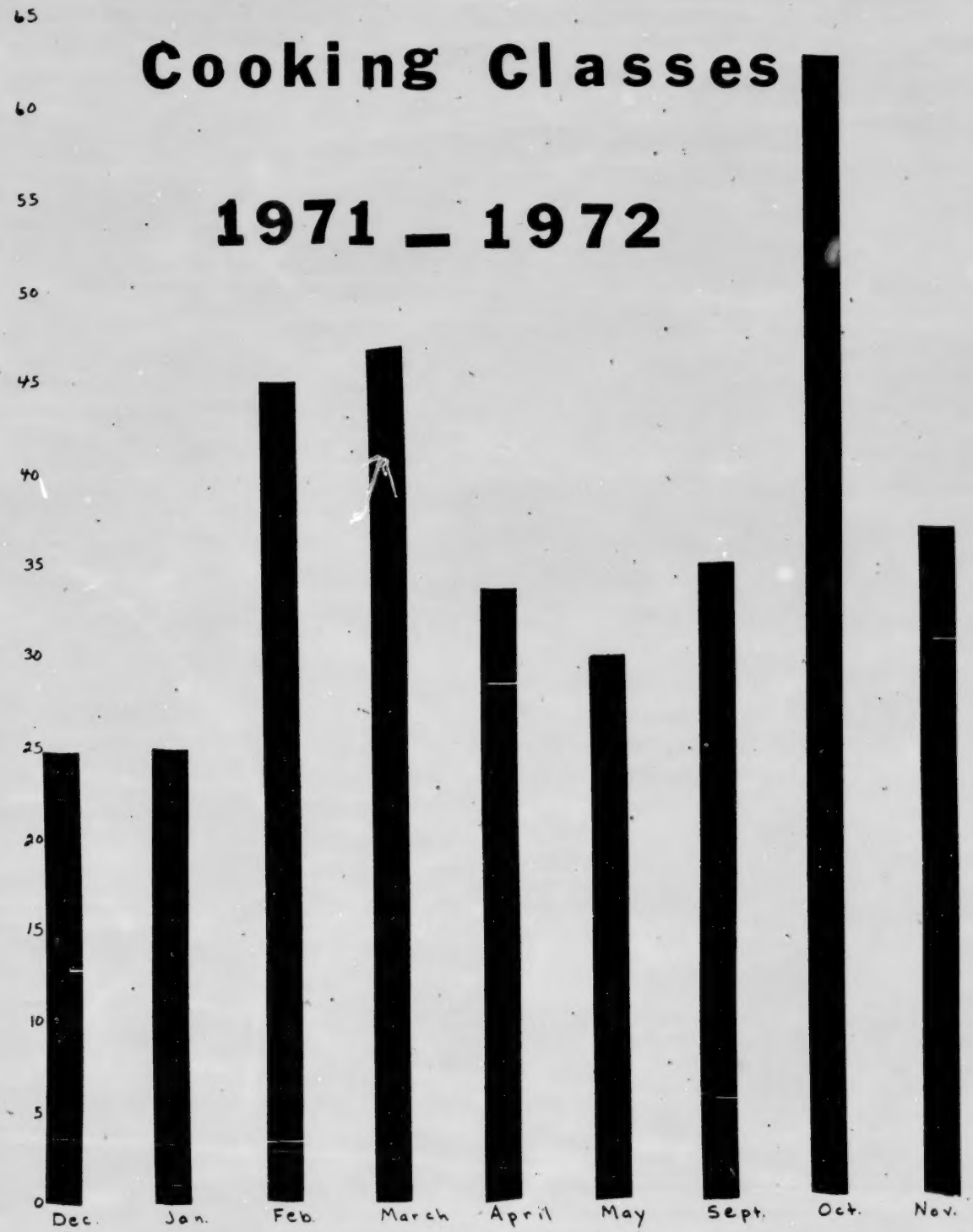
Total Attendance

Cooking Classes

1971 – 1972



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X. COMMUNITY ACTION AND SUPPORT

Migrant Day Care Center Programs throughout the area this past year were very similar to the previous summer. Day care centers were operated in Goodland, Johnson, Leoti, Sublette, and Ulysses. The Goodland and Sublette Programs again provided nursey care for infants and toddlers up to age three. Since the Title I Program in Leoti did not include care for the preschoolers as it did in previous years, the community supported Happy Baby Center assumed the responsibility of care for these children in addition to continuing to care for the infants and toddlers. Johnson and Ulysses provided day care for infants, toddlers, and preschoolers as well as supervision and activities for the older children. The latter took the forms of the Recreation Program in Ulysses and Project Read and Arts and Crafts in Johnson.

These day care programs originating from within the communities and supported and staffed for the most part by the communities fill a sorely felt need for the children of the migrant workers and other field laborers. Several years ago before these programs came into existence the infants and small children spent many long, hot, summer days in cars, trucks or campers, in the dusty fields, in the ditches, or along the roads. They were usually without adequate care and supervision. Today many small migrant youngsters share in the benefits of good day care if their families are working in an area where these services are provided. Parents coming into the area expect to have child care facilities available; and if they have a choice of an area in which to work, they will choose an area which does have a day care program. Some families arrange their summer work schedule a year in advance in order to ensure that they will be located in an area planning to provide day care services the following summer.

The purposes, goals, and functioning of the various migrant day care centers throughout the area are strikingly similar. They attempt to meet the physical, emotional, mental, and educational needs of the children. Providing nursery care for the infants and toddlers is the most expensive of the day care programs. This is due mainly to the high ratio of staff to child which must be maintained to ensure adequate care. All the centers provide nourishing food and opportunity for rest. The children are bathed daily, and clothing is provided when it is needed. The children profit from a balance of supervised free play and organized activities geared as much as possible to the age, interests, and abilities of each individual.

In Johnson and Ulysses the children of school age were able to participate in special programs designed with a double purpose in mind -- to provide both education and supervision. Johnson's Project Read provided both formal and informal instruction mainly in the areas of reading and language arts, but also included other areas such as: music, films, innovative and creative ideas, and

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supervised play. Migrant children and slow readers were given a sense of self-worth by teenagers who were sincerely concerned with their progress. Likewise, teenage student teachers experienced a new sense of self-worth through contributing to the betterment of other kids. Many of the youngsters participating in Project Read in the morning also attended the afternoon Arts and Crafts Program. Their time and effort expended produced many dividends in sense of accomplishments and finished products.

Ulysses children of school age attended the Title I School if they were eligible. Due to newly enforced eligibility guidelines which qualify only children who have lived in the area one year or less (rather than five years), many Grant County children of recently settled migrant families were denied admittance to the Title I School. However, the community sponsored Recreation Program held in the afternoon was open to all school age children who could profit from this experience. The program included: arts and crafts, nutrition and cooking classes, gymnastics, wrestling, softball, swimming, folk dancing, field trips, film strips, competitive recreational activities, and counseling. The program provided positive learning experiences in a non-stressful environment. Children came for enjoyment, and at the same time they learned principles of nutrition, art, sportsmanship, etc.

The combined programs served a total of nearly 500 youngsters. Although child care can not be evaluated merely in terms of numbers, this certainly is an indication of the scope of community programs designed to benefit children of migrants, former migrants, and other low-income families.

Financial support for these summer child care programs is derived mainly from three sources; payment by parents, donations from local organizations and individuals, and purchase of care money provided by the State Department of Social Welfare. Also, major donations from the Catholic Church included both volunteer staff comprised of ten Sisters Adorers of the Blood of Christ from Wichita, two Sisters of St. Dominic from Great Bend, and monetary assistance from the Catholic Diocese of Dodge City. All the centers charged parents a nominal fee varying from $.25 to $1.00 a day, and depending on the number of children in the family and the family's ability to pay. Purchase of care funds totaled $7,788.00. This provided a very substantial boost to local funds, but the degree of success ultimately depends upon the interest, concern, and support of each local community. These communities are surely to be commended for their efforts and hard work without which these programs would be impossible.

Besides specific programs, sponsored by community organizations we would like to acknowledge the many donations of used clothing, furniture, baby bundles, handmade quilts, bedding, appliances, and toys which come flowing into the office in a never ending stream. The Garden City office maintains a clothing bank. Many items are distributed to families living in other parts of the Project area. Additionally, many groups and individuals make a special effort to provide migrant and other low-income families with Christmas baskets consisting of food and clothing and toys for the children. We are especially in debt to various Mennonite and WSCS groups throughout the area who have supplied us with a mountain of lovely quilts and baby bundles. Several groups have also sponsored Christmas parties

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for migrant children. We are likewise in debt to several commercial drug companies who have supplied us with educational materials and supplies. Not the least of these is Ross Laboratories who has donated more than 100 cases of Similac and Isomil (lactose free) formula in addition to piles of educational materials.

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COMMUNITY SPONSORED DAY CARE PROGRAMS

	Goodland Nursery	Leoti Day Care	Sublette Day Care	Johnson Day Care	Johnson Project Read	Johnson Arts & Crafts	Ulysses Nursery	Ulysses Day Care	Ulysses Recreation
Total Number Served	42	37	23	40	165	40	27	29	110
Largest Attendance	28	23	18	35	138	36	23	22	77
Average Daily Attendance	20	9	12	20	100	20	9	14	40
Age Group	0-3 yrs.	0-5 yrs.	0-2 yrs.	0-10 yrs.	4-16 yrs.	1-8 Grades	0-2 yrs.	3-5 yrs.	6-13 yrs.
Daily Hours of Operation	12 hrs.	12 hrs.	10 hrs.	10 hrs.	2 hrs.	2 hrs.	11½ hrs.	11 hrs.	4 hrs.
Length of Program	8 Wks.	12 Wks.	6 Wks.	8 Wks.	4 Wks.	4 Wks.	10 Wks.	7 Wks.	8 Wks.
Sponsor	Migrant Day Care Nursery	Happy Baby Center	Haskell County Service, Inc.	Concerned Citizens, Inc.	Concerned Citizens, Inc.	Concerned Citizens, Inc.	Grant County Day Care Center Inc.	Grant County Day Care Center Inc.	Grant County Day Care Center Inc.

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XI. HOBBIES OF THE PROJECT

Due to the fact that this section was inadvertently left out of the report last year and many persons received the report minus this section we are printing it essentially as it should have been. Our "hobbies" haven't changed much in a year.

Mention has been made throughout this report of the fact that one can not really separate health needs of the individual from his total needs and problems. Education, employment, health care, nutrition, housing, and other factors are all interrelated. Should one comino fall, (con permiso John Foster Dulles) the whole row will tumble.

So out of necessity, the Project has, over the years, found itself involved with many seemingly non-health problems which, in reality, can not be divorced from health needs at all.

Such problem areas include: applying for social security numbers and benefits; obtaining birth certificates; assistance with tax returns (Take note tax payers - migrants pay taxes too.); and assistance with welfare, Medicaid, and food stamp applications (Even the Project secretary is an expert at this.).

Coping with the system can be terribly complicated for the person who knows little English and has been duped out of an education by the system and lack of education of his parents. Thus, the individual who tries to comply with the everyday problems often makes serious errors, i.e., writing the mother's maiden name last as is done in Mexico, so that the mother's name instead of the father's or actual surname is recorded on employment records, social security cards, etc. Correcting such an error can be grossly complicated. Applying for a second social security card when the first is lost and so on, only yields a collection of different social security numbers and a jumbled mess when one attempts to apply for benefits. Another popular practice is when several friends or relatives may decide to use the same number. The interpretation here is often that one needs a social security number to apply for a job, and therefore, any one will do - sort of like guessing at the password. Many persons do not realize they are building an account for future benefits. Perhaps the most bizarre interpretation of the social security system was that several children used their mother's social security number so that her benefits would increase. When it was learned that this fantastic woman of 73 had earned $25,000 during one calender year (Seemingly she had also held 12 jobs during that year, many simultaneously), monthly social security checks ceased coming. No one could understand why.

Passing a driver's exam has always been a problem for the person with a limited command of the English language and practically no reading ability, who had to pass a written exam in English. A year ago the Kansas Motor Vehicle Department finally took action on making Driver's Handbook and examinations available in Spanish. Genevieve Musquiz, Project Health Educator, translated much of this material. The Motor Vehicle Department's official policy had traditionally been, "this has never been a problem state wide", although

0052

the law says nothing about an applicant being able to read, write, or understand English. The law's only concern has been that applicants be able to recognize signs and obey the rules of the road.

Since Genevieve has been with the Project longer than any other staff member, she has become the "consumer appointed expert" on dealing with the problems mentioned here. Some of the mix-ups and red-tape involved in sorting them out defy the immagination. She also spends a considerable amount of her free time assisting with visa problems and adult basic education.

Genevieve has over the years developed excellent rapport with individuals at several area radio stations. She, therefore, assumes responsibility for the southwest counties for taping announcements publicizing family clinics and spot announcements promoting basic health messages, such as the benefits of immunizations and other topics. Tom Woodward does the honors for the northwest counties. Clinics are also publicized by means of letters and pamphlets to growers.

Dealing with other problems such as finding employment, housing, transportation, clothing, and feeding the family are daily emergencies. Finding at least temporary solutions to these problems often involves other agencies, organizations, and individuals.

We would be amiss if we failed to note the excellent cooperation we receive from most welfare departments. Unfortunately, some of the smaller counties still persist in making peculiar interpretations of eligibility standards. However, cooperation is, in general, rather good.

0053

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED: April 1, 1973

PERIOD COVERED BY THIS REPORT

FROM	THROUGH
Dec. 1, 1971	Nov. 30, 1972

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE
Western Kansas Migrant Health Project

2. GRANT NUMBER (Use number shown on the last Grant Award Notice)
07-H-000018-09-0--CS-H20-C-0

3. GRANTEE ORGANIZATION (Name & address)
Kansas State Dept. of Health
535 Kansas Avenue
Topeka, Kansas

4. PROJECT DIRECTOR
Evalyn S. Gendel, M. D.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	682	682	-
FEB.	669	642	27
MAR.	728	728	-
APRIL	826	815	11
MAY	3404	3404	-
JUNE	4958	4934	24
JULY	4952	4940	12
AUG.	3858	3858	-
SEPT.	2428	2395	33
OCT.	1992	1960	32
NOV.	1210	1204	6
DEC.	1071	1071	-
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	8-14	February	June
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	42	21	21
UNDER 1 YEAR	3	2	1
1 - 4 YEARS	6	-2	4
5 - 14 YEARS	12	4	8
15 - 44 YEARS	21	13	8
45 - 64 YEARS	-	-	-
65 AND OLDER	-	-	-
(2) IN-MIGRANTS: TOTAL	#5543	2702	2841
UNDER 1 YEAR	141	64	77
1 - 4 YEARS	417	200	217
5 - 14 YEARS	1034	471	563
15 - 44 YEARS	3719	1871	1848
45 - 64 YEARS	211	90	221
65 AND OLDER	21	6	15

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.
Project records, migrant school enrollment, day care center enrollment, sugar company records, crew leader records, seed company records, employment service records.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.
Project records and above
*is higher than any given month because peak population occurred in different months in different counties.
NOTE: ESTIMATED NO. OF MIGRANTS WAS 6059.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	5	224
51 - 100 PERSONS	6	653
MORE THAN 100 PERSONS		
TOTAL*	11	877

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
Scattered Rural	228	1863
Urban	315	2815
TOTAL*	543	4678

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

POPULATION AND HOUSING DATA

FOR Finney COUNTY.

GRANT NUMBER: 07-H-000018-09-0-CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	68	68	N.A.
FEB.	68	68	"
MAR.	68	68	"
APRIL	89	89	"
MAY	340	340	"
JUNE	480	480	"
JULY	350	350	"
AUG.	280	280	"
SEPT.	250	250	"
OCT.	200	200	"
NOV.	100	100	"
DEC.	92	92	"
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	N.A.	N.A.	N.A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS:	480	246	234
TOTAL			
UNDER 1 YEAR	15	8	7
1 - 4 YEARS	24	10	14
5 - 14 YEARS	82	40	42
15 - 44 YEARS	334	180	154
45 - 64 YEARS	23	8	15
65 AND OLDER	2	-	2

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS	N. A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Scattered Rural	12	55
Urban	50	425
TOTAL*	62	480

**NOTE*: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

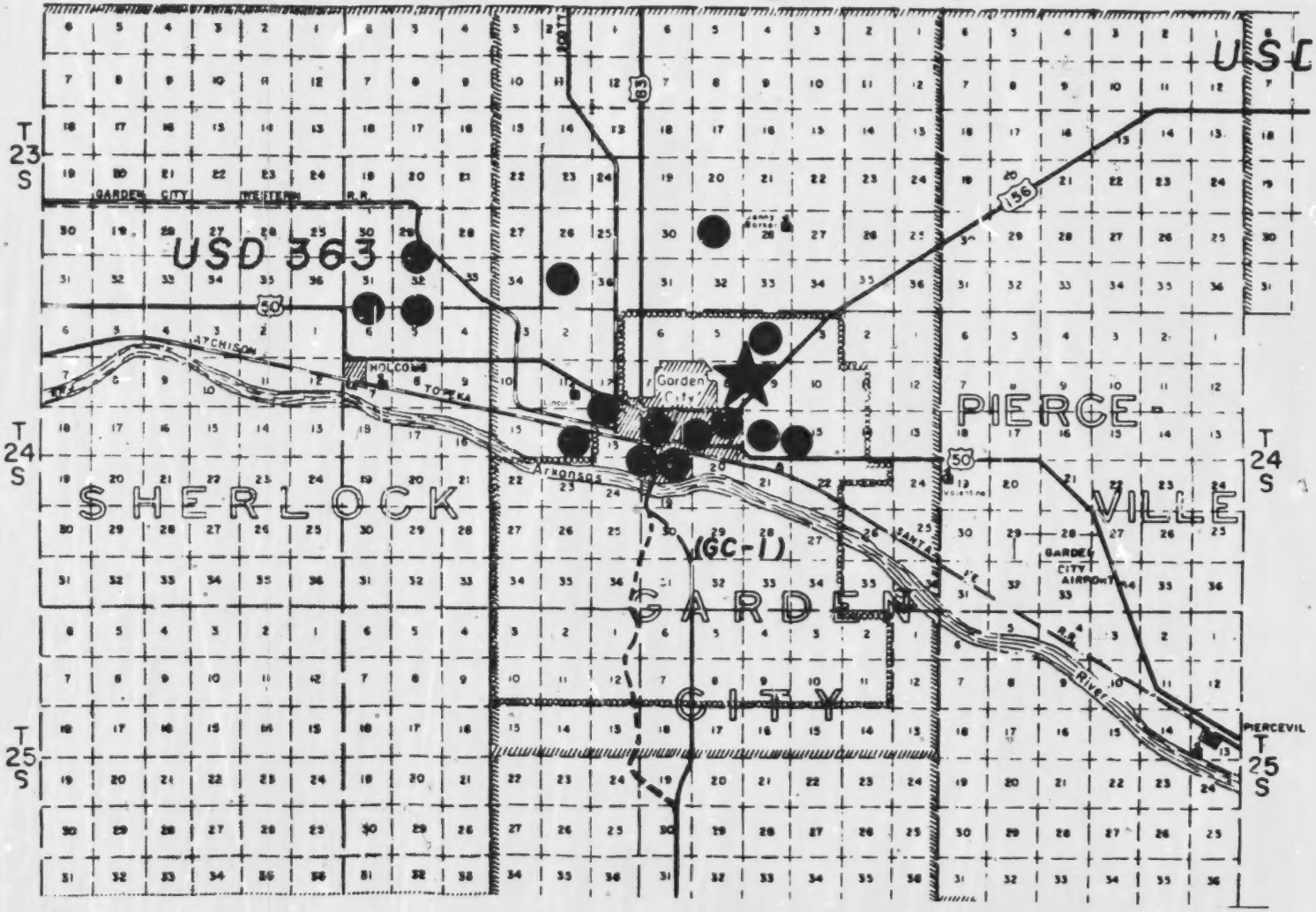
REMARKS

FHS 4202-1 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

0055

FINNEY COUNTY



POPULATION AND HOUSING DATA

FOR Gray-Haskell COUNTY.

GRANT NUMBER: 07-H-000018-09-0-CS-H 20 -C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	52	52	N. A.
FEB.	52	52	"
MAR.	61	61	"
APRIL	76	76	"
MAY	220	220	"
JUNE	355	355	"
JULY	240	240	"
AUG.	160	160	"
SEPT.	120	120	"
OCT.	94	94	"
NOV.	63	63	"
DEC.	53	53	"
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	N. A.	N. A.	N. A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS:			
TOTAL	355	185	170
UNDER 1 YEAR	15	7	8
1 - 4 YEARS	35	16	19
5 - 14 YEARS	70	32	38
15 - 44 YEARS	220	120	100
45 - 64 YEARS	15	10	5
65 AND OLDER	-	-	-

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS	1	54
TOTAL*	1	54

b. OTHER HOUSING ACCOMMODATIONS

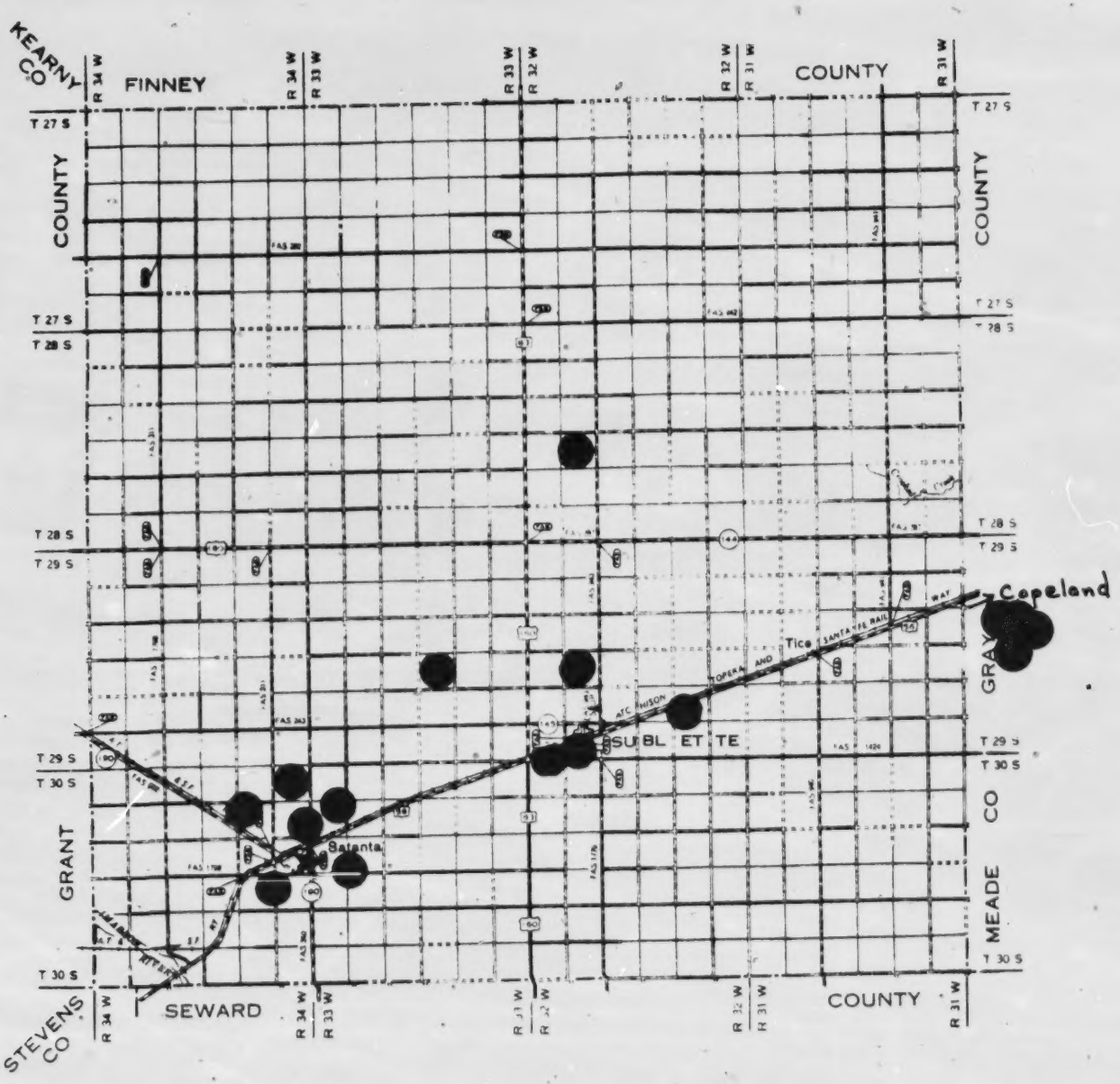
LOCATION (Specify)	NUMBER	OCCUPANCY* (Peak)
Rural	23	201
Urban	12	100
TOTAL*	35	301

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)



● Location Migrant Housing

★ Clinic

HASKELL COUNTY
KANSAS

0058

POPULATION AND HOUSING DATA FOR Grant COUNTY.	GRANT NUMBER 07-H-000018-09-0-CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	207	207	N. A.
FEB.	208	208	"
MAR.	240	240	"
APRIL	280	280	"
MAY	590	590	"
JUNE	753	753	"
JULY	620	620	"
AUG.	560	560	"
SEPT.	540	540	"
OCT.	560	560	"
NOV.	430	430	"
DEC.	302	302	
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	16	May	Sept.

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	N. A.	N. A.	N. A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS:			
TOTAL	753	368	385
UNDER 1 YEAR	25	11	14
1 - 4 YEARS	60	28	32
5 - 14 YEARS	80	39	41
15 - 44 YEARS	539	270	269
45 - 64 YEARS	47	20	27
65 AND OLDER	2	-	2

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 80 PERSONS		
81 - 100 PERSONS	1	0
MORE THAN 100 PERSONS	3	340
TOTAL*	4	340

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	20	413
TOTAL*	20	413

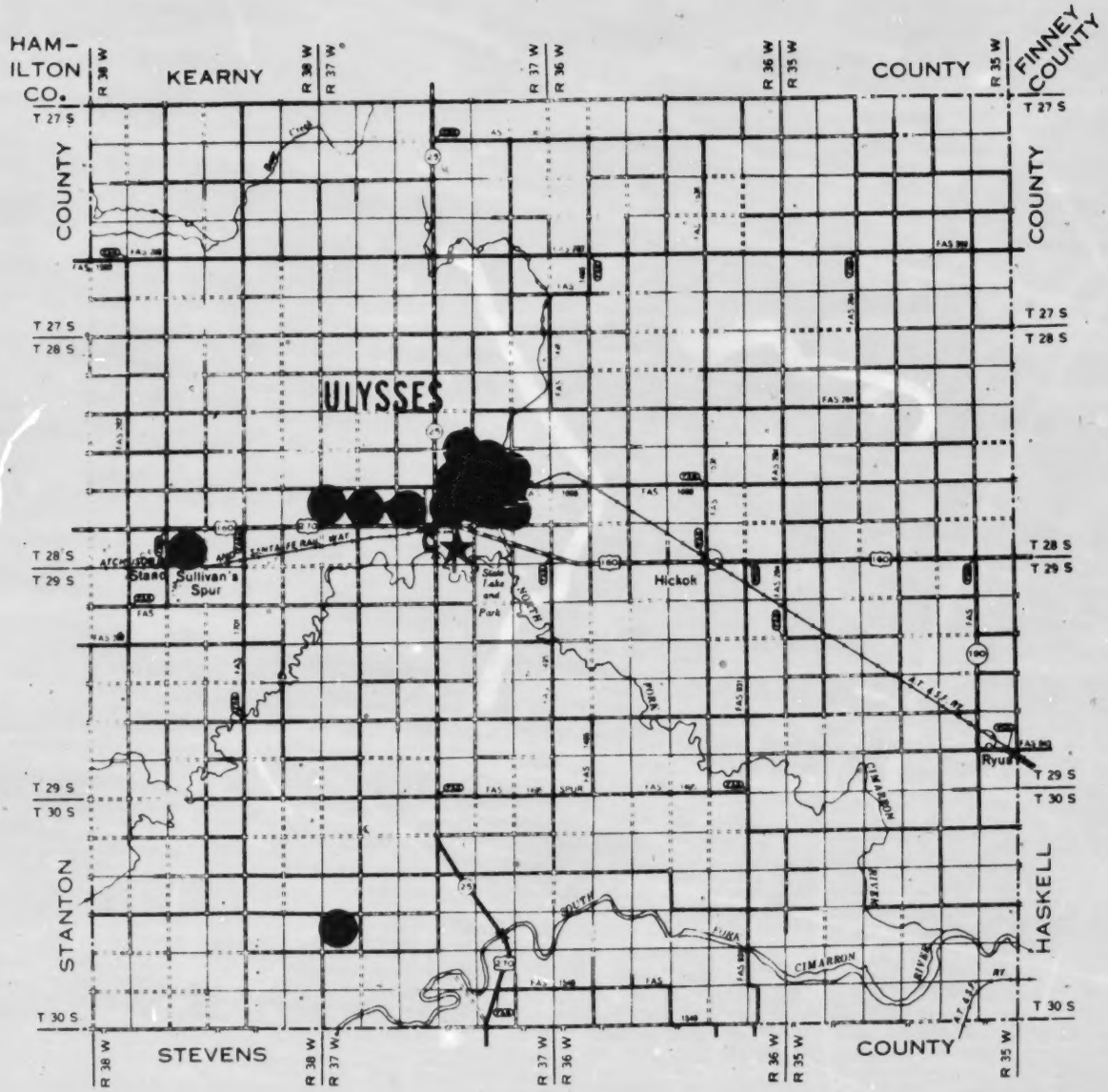
*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

0059



● Location Migrant Housing

★ Clinic

GRANT COUNTY
KANSAS

1961

0080

POPULATION AND HOUSING DATA

FOR Kearny COUNTY.

GRANT NUMBER: 07-H-000018-09-0-CS-H 20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	37	37	
FEB.	37	37	
MAR.	43	43	
APRIL	43	43	
MAY	410	410	
JUNE	503	503	
JULY	420	420	
AUG.	140	140	
SEPT.	94	94	
OCT.	94	94	
NOV.	100	100	
DEC.	74	74	
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	N. A.	N. A.	N. A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS:			
TOTAL	503	256	247
UNDER 1 YEAR	11	5	6
1 - 4 YEARS	52	25	27
5 - 14 YEARS	105	50	55
15 - 44 YEARS	299	160	139
45 - 64 YEARS	35	16	19
65 AND OLDER	1	-	1

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	2	110
MORE THAN 100 PERSONS		
TOTAL*	2	110

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
Urban	25	273
Scattered Rural	12	120
TOTAL*	37	393

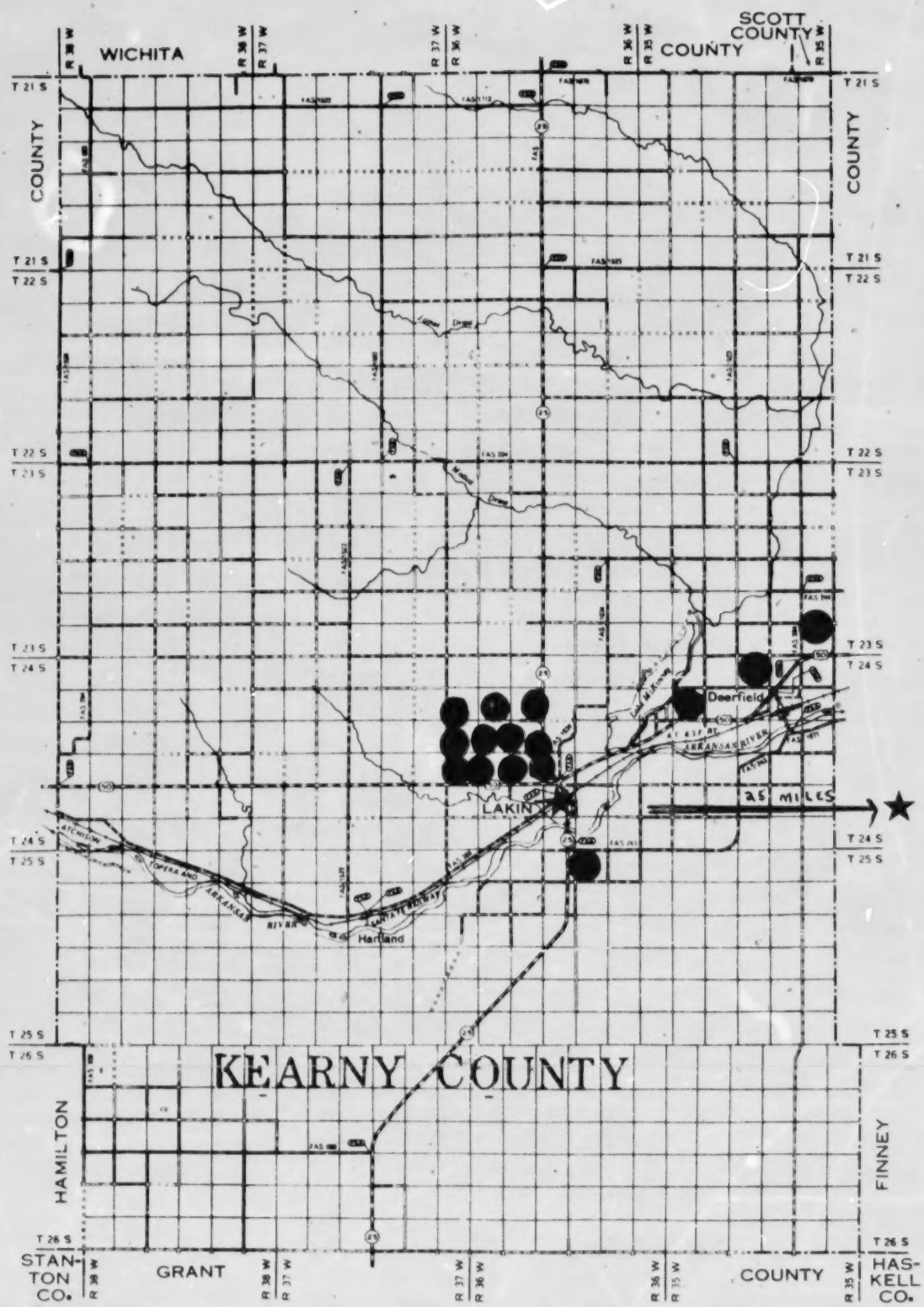
NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

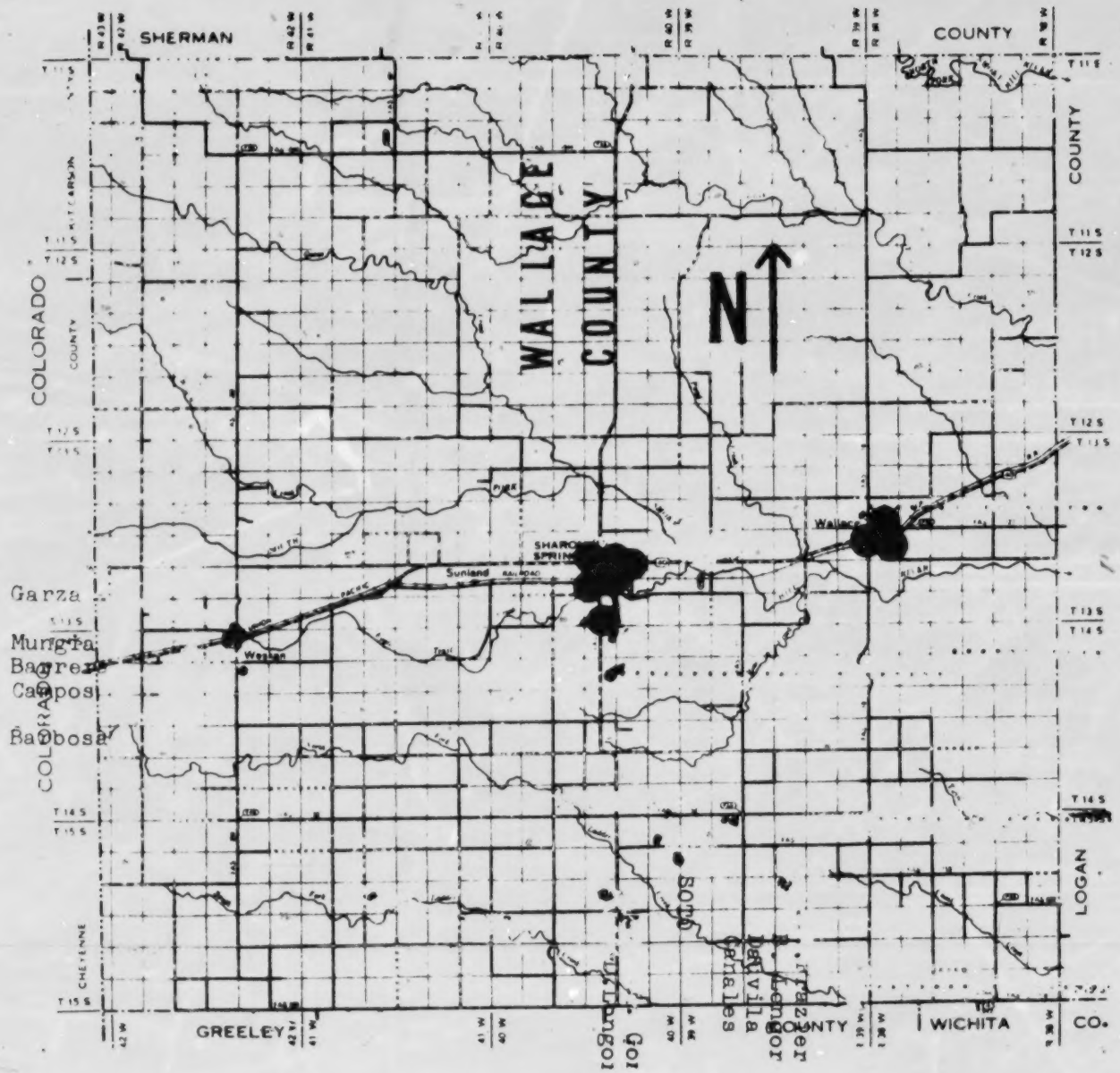
REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

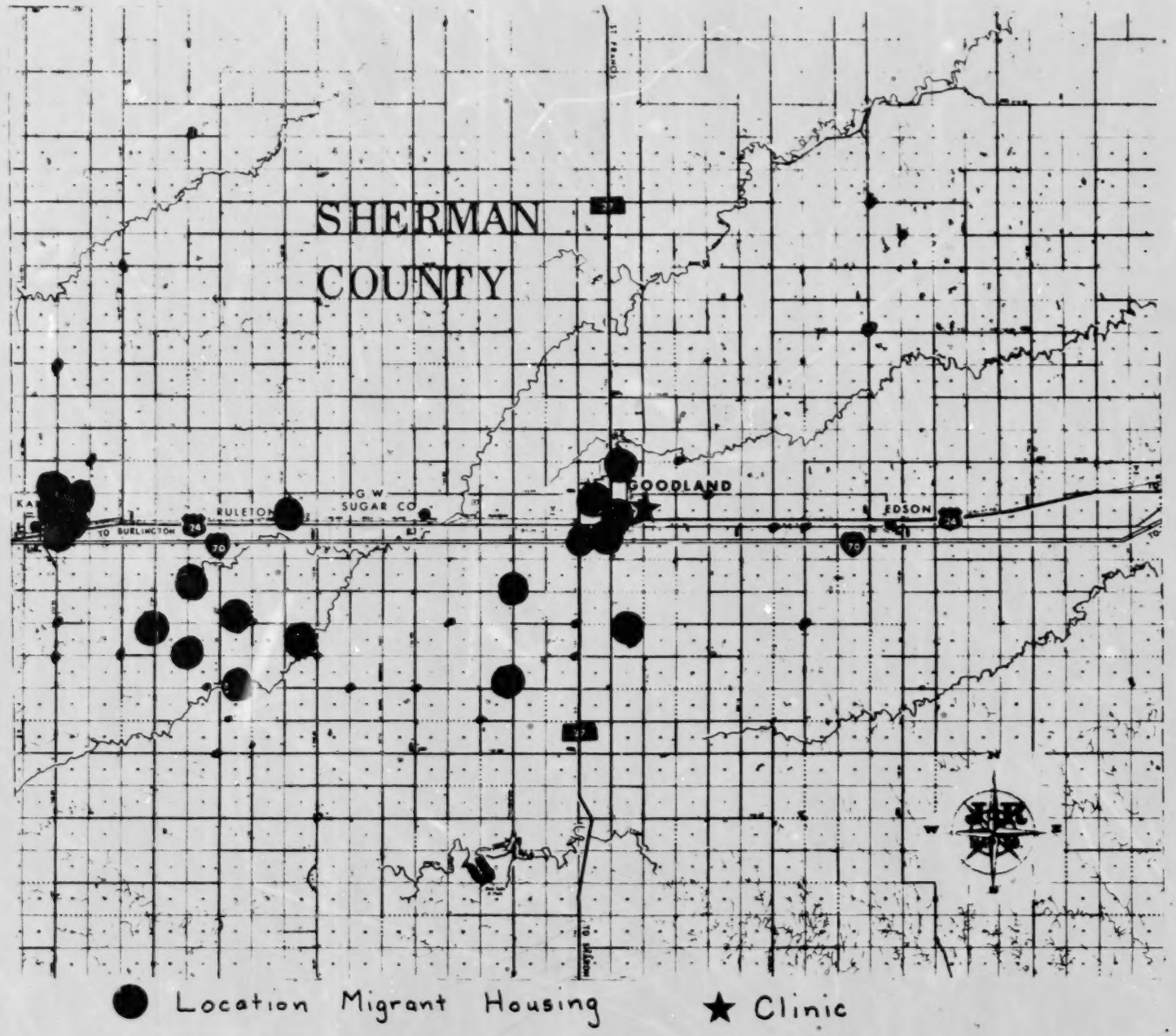
0061


WICHITA
SCOTT COUNTY
COUNTY
COUNTY
COUNTY
Deerfield
LAKIN
25 MILES
Hartland
KEARNY COUNTY
HAMILTON
FINNEY
STAN-TON CO.
GRANT
COUNTY
HAS-KELL CO.
Location Migrant Housing
Clinic



● Location Migrant Housing

3063


SHERMAN
COUNTY
GOODLAND
RULETON
G W
SUGAR CO
EDSON
TO BURLINGTON
24
70
27
Location Migrant Housing
Clinic

POPULATION AND HOUSING DATA FOR Sherman, Cheyenne Wallace COUNTY.	GRANT NUMBER 07-H-000018-09-0-CS-H 20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	175	175	-
FEB.	161	134	27
MAR.	135	135	-
APRIL	129	118	11
MAY	1479	1479	-
JUNE	1925	1913	12
JULY	2432	2432	-
AUG.	2128	2128	-
SEPT.	1093	1060	33
OCT.	787	754	33
NOV.	349	346	3
DEC.	284	284	-
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14 weeks	February	June
IN-MIGRANTS	12 weeks	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	30	13	17
UNDER 1 YEAR	3	2	1
1 - 4 YEARS	6	2	4
5 - 14 YEARS	7	2	5
15 - 44 YEARS	14	7	7
45 - 64 YEARS	-	-	-
65 AND OLDER	-	-	-
(2) IN-MIGRANTS:			
TOTAL	2432	1146	1286
UNDER 1 YEAR	48	21	27
1 - 4 YEARS	151	73	78
5 - 14 YEARS	467	205	262
15 - 44 YEARS	1732	837	895
45 - 64 YEARS	21	4	17
65 AND OLDER	13	6	7

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

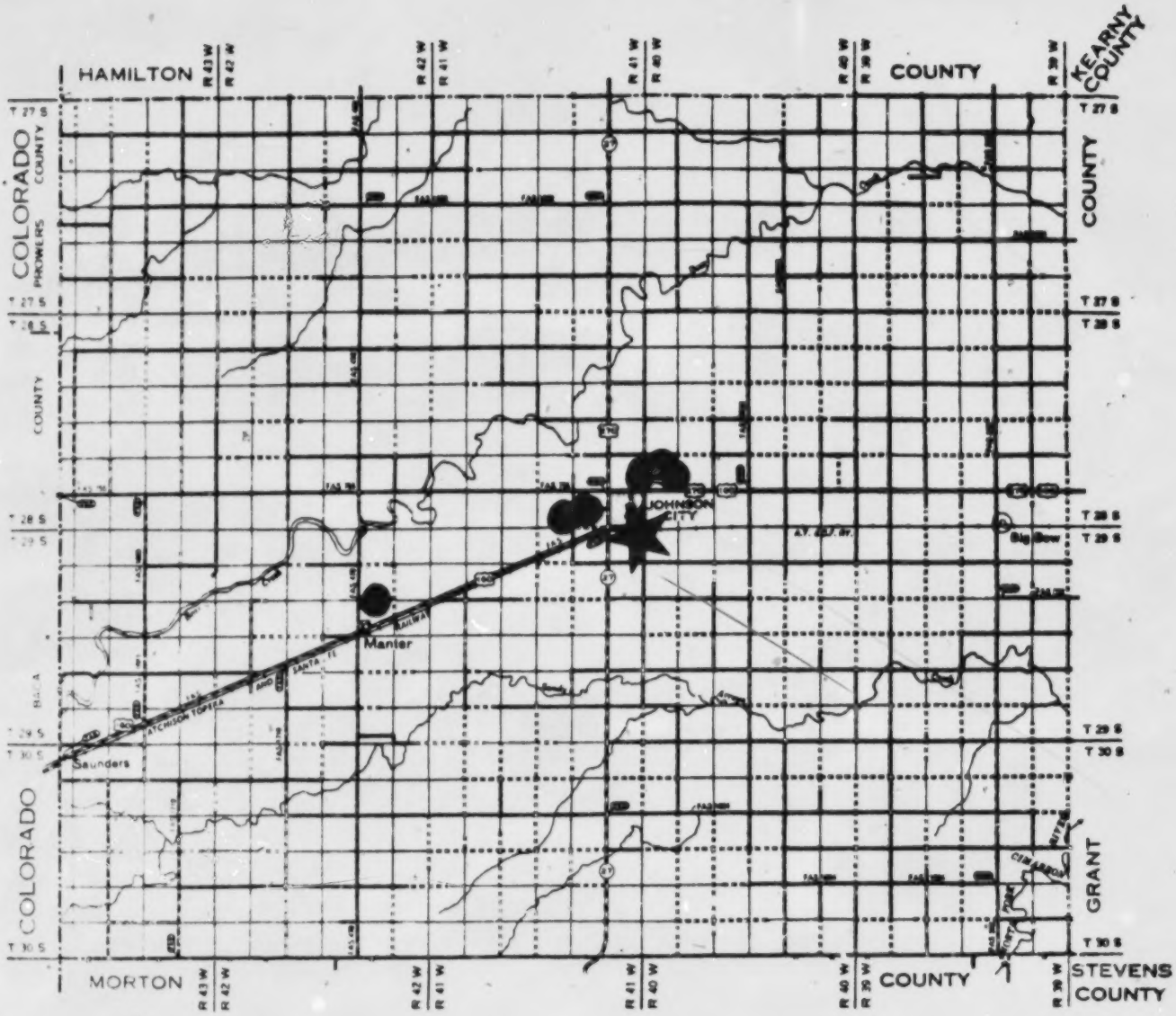
b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	169	1399
Urban	156	1033
TOTAL*	325	2432

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

0065



● Location Migrant Housing

★ Clinic

★

STANTON COUNTY
KANSAS

0036

POPULATION AND HOUSING DATA

FOR Stanton COUNTY.

GRANT NUMBER: 07-H-000018-09-0-CS-H 20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	70	70	N. A.
FEB.	70	70	"
MAR.	80	80	"
APRIL	83	83	"
MAY	168	168	"
JUNE	552	552	"
JULY	410	410	"
AUG.	187	187	"
SEPT.	123	123	"
OCT.	141	141	"
NOV.	69	69	"
DEC.	69	69	"
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	N. A.	N. A.	N. A.
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS: TOTAL	552	272	280
UNDER 1 YEAR	10	4	6
1 - 4 YEARS	50	26	24
5 - 14 YEARS	130	60	70
15 - 44 YEARS	330	168	162
45 - 64 YEARS	30	14	16
65 AND OLDER	2	0	2

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	June	September

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS	1	203
TOTAL*	1	203

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Urban	21	317
Rural	5	32
TOTAL*	26	349

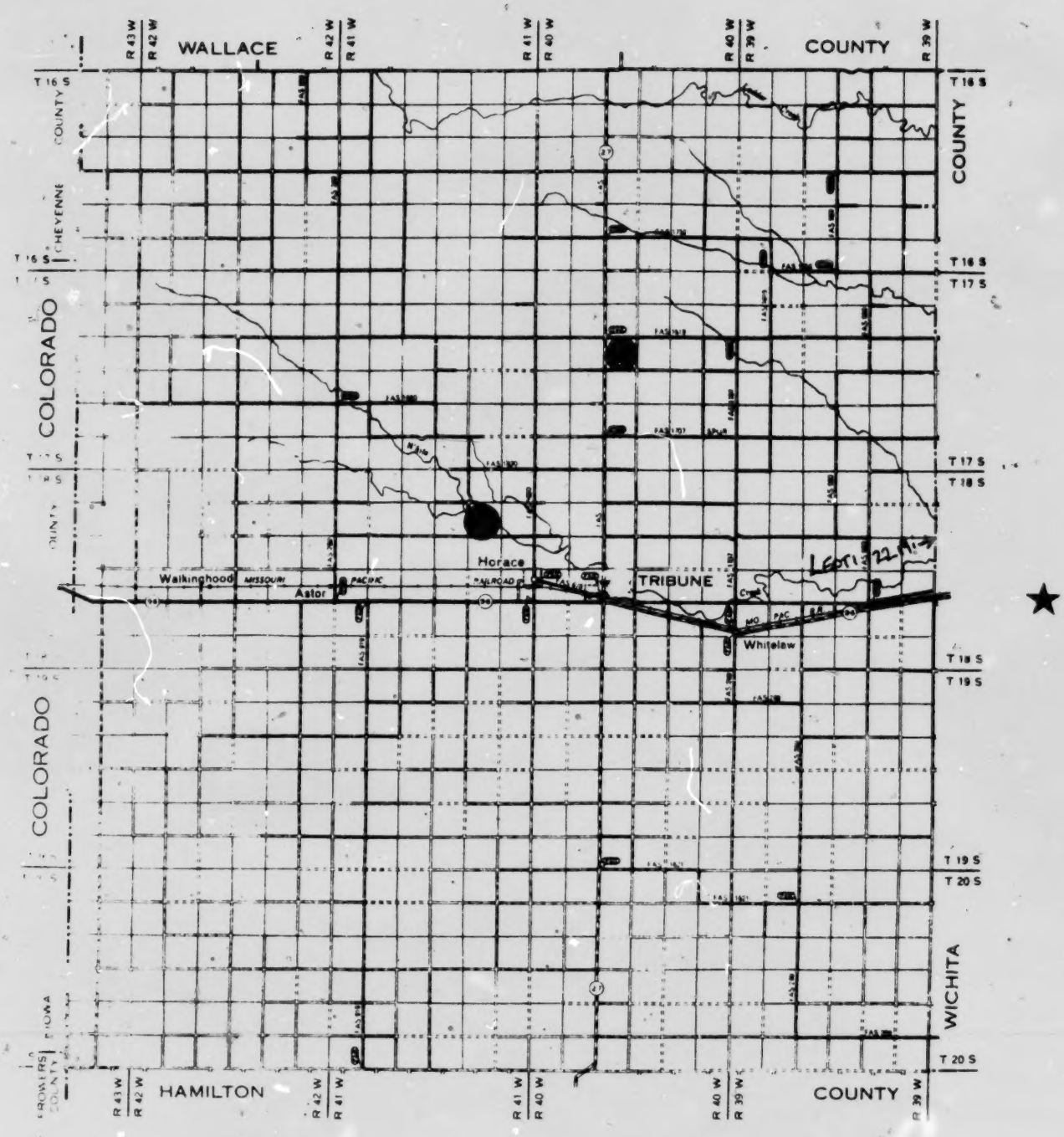
*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

0067



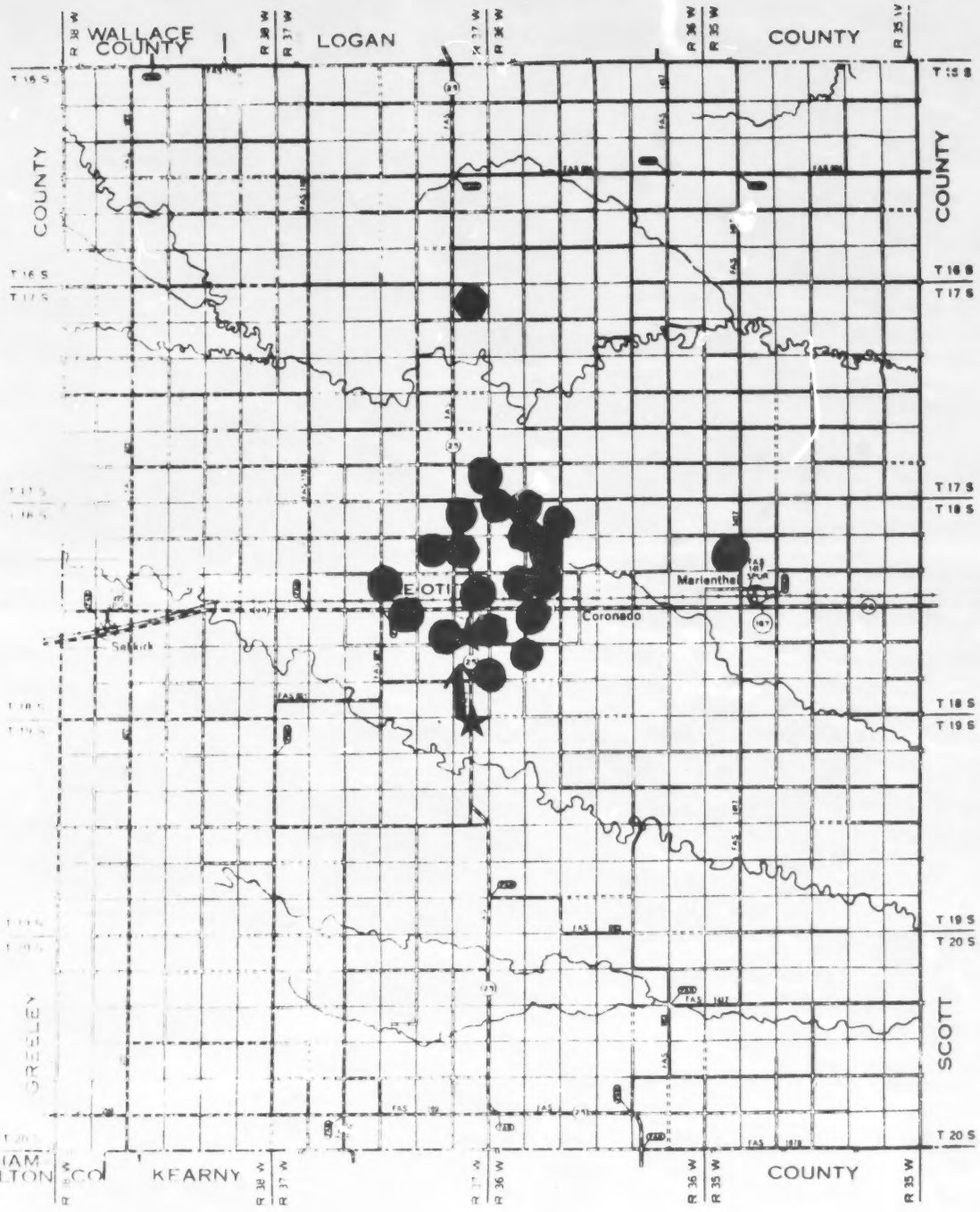
● Location Migrant Housing

★ Clinic

GREELEY COUNTY
KANSAS

1961

0068



● Location Migrant Housing

★ Clinic

WICHITA COUNTY
KANSAS

1961

1069

POPULATION AND HOUSING DATA
FOR Wichita Greeley Scott COUNTY.

GRANT NUMBER
07-H-000018-09-0-CS-H 20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	73	73	-
FEB.	73	73	-
MAR.	101	101	-
APRIL	126	126	-
MAY	197	197	-
JUNE	390	378	12
JULY	480	468	12
AUG.	403	403	-
SEPT.	208	208	-
OCT.	117	117	-
NOV.	96	96	-
DEC.	97	97	-
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	12	8	4
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	5	2	3
15 - 44 YEARS	7	6	1
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	468	229	239
UNDER 1 YEAR	17	8	9
1 - 4 YEARS	45	22	23
5 - 14 YEARS	100	45	55
15 - 44 YEARS	265	136	129
45 - 64 YEARS	40	18	22
65 AND OLDER	1	-	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	8	June	July
IN-MIGRANTS	14	May	September

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	3	170
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	3	170

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Rural	7	56
Urban	31	254
TOTAL*	38	310

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

GRANT NUMBER
07-H-000018-09-0 CS-H20-C-0

DATE SUBMITTED
April 1, 1972

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL				155
UNDER 1 YEAR				393
1 - 4 YEARS				466
5 - 14 YEARS				377
15 - 44 YEARS				100
45 - 64 YEARS				
65 AND OLDER				

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 724

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1214

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 100

No. of Hospital Days 418.5

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	629	616	13
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON		0.45	N.A.
def " "		1.38	N.A
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	245	232	13
(1) CASES COMPLETED	220	212	8
(2) CASES PARTIALLY COMPLETED	19	14	5
(3) CASES NOT STARTED	6	6	
c. SERVICES PROVIDED - TOTAL	1363	1303	60
(1) PREVENTIVE	430	424	6
(2) CORRECTIVE-TOTAL			
(a) Extraction	149	136	13
(b) Other	784	743	41
d. PATIENT VISITS - TOTAL	279.5 hrs.	255.5 hrs.	24.0 hrs.

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	436	65	132	196	7	5	31
SMALLPOX	5				5		
DIPHTHERIA							
PERTUSSIS DPT	183	25	58	80		5	15
TETANUS							
POLIO	108	18	33	47			10
TYPHOID							
MEASLES	9	4	4	1			
OTHER (Specify) Rubella	14	4	10				
MR	11	4	5	2			
MMR	72	10	22	40			
REMARKS TD Adult	34			26	2		6

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER: 07-H-000018-09-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I-XVII.		Note: Because many patients were treated for more than one condition during one visit this no. is greater than total TOTAL ALL CONDITIONS of out patient visits listed elsewhere	1823	1306	517
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	128	78	50
	010	TUBERCULOSIS	9	6	3
	011	SYPHILIS	3	2	1
	012	GONORRHEA AND OTHER VENEREAL DISEASES			
	013	INTESTINAL PARASITES	3	2	1
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	33	23	10
	015	All other			
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	9	6	3
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	45	26	19
	019	OTHER INFECTIVE DISEASES (Give examples): Thrush	26	13	13
II.	02-	NEOPLASMS TOTAL	2	1	1
	020	MALIGNANT NEOPLASMS (give examples): Cervix	2	1	1
	028	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	69	39	30
	030	DISEASES OF THYROID GLAND	3	1	2
	031	DIABETES MELLITUS	29	15	14
	032	DISEASES of Other Endocrine Glands	9	6	3
	033	NUTRITIONAL DEFICIENCY	4	3	1
	034	OBESITY	24	14	10
	039	OTHER CONDITIONS			
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	46	24	22
	040	IRON DEFICIENCY ANEMIA	41	21	20
	049	OTHER CONDITIONS Rectal bleeding	2	1	1
		Epitaxis	3	2	1
V.	05-	MENTAL DISORDERS: TOTAL	44	34	10
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders	31	25	6
	052	ALCOHOLISM	11	8	3
	053	MENTAL RETARDATION	2	1	1
	059	OTHER CONDITIONS			
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	119	78	41
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	5	4	1
	062	CONJUNCTIVITIS and other Eye Infections	27	22	5
	063	REFRACTIVE ERRORS of Vision			
	064	OTITIS MEDIA	87	52	35
	069	OTHER CONDITIONS			

PART II - 5. *(Continued)*

GRANT NUMBER: 07-H-000018-09-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	67	49	18
	070	RHEUMATIC FEVER	6	3	3
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease			
	072	CEREBROVASCULAR DISEASE (Stroke)	15	10	5
	073	OTHER DISEASES of the Heart	6	6	
	074	HYPERTENSION	26	22	4
	075	VARICOSE VEINS			
	079	OTHER CONDITIONS	14	8	6
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	522	368	154
	080	ACUTE NASOPHARYNGITIS (Common Cold)	109	79	30
	081	ACUTE PHARYNGITIS	62	46	16
	082	TONSILLITIS	72	48	24
	083	BRONCHITIS	105	82	23
	084	TRACHEITIS/LARYNGITIS	77	51	26
	085	INFLUENZA			
	086	PNEUMONIA	46	33	13
	087	ASTHMA, HAY FEVER	15	6	9
	088	CHRONIC LUNG DISEASE (Emphysema)	36	23	13
	089	OTHER CONDITIONS			
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	95	63	32
	090	CARIES and Other Dental Problems			
	091	PEPTIC ULCER	3	2	1
	092	APPENDICITIS	18	10	8
	093	HERNIA	65	45	2
	094	CHOLECYSTIC DISEASE	65	45	20
	099	OTHER CONDITIONS			
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	126	95	31
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	78	70	8
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)			
	102	OTHER DISEASES of Male Genital Organs	4	2	2
	103	DISORDERS of Menstruation	21	10	11
	104	MENOPAUSAL SYMPTOMS	18	10	8
	105	OTHER DISEASES of Female Genital Organs	5	3	2
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	184	145	39
	110	INFECTIONS of Genitourinary Tract during Pregnancy	72	61	11
	111	TOXEMIAS of Pregnancy	4	2	2
	112	SPONTANEOUS ABORTION	15	9	6
	113	REFERRED FOR DELIVERY	60	50	10
	114	COMPLICATIONS of the Puerperium	33	23	10
	119	OTHER CONDITIONS			
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	180	132	48
	120	SOFT TISSUE ABSCESS OR CELLULITIS	12	6	6
	121	IMPETIGO OR OTHER PYODERMA	85	70	15
	122	SEBORRHEIC DERMATITIS	25	15	10
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	12	10	2
	124	ACNE	35	25	10
	129	OTHER CONDITIONS Hives	5	3	2
		Warts	6	3	3
		Ringworms			

PART II - 5. (Continued)

GRANT NUMBER: 07-H-000018-09-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	97	84	13
	130	RHEUMATOID ARTHRITIS	90	80	10
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified	7	4	3
	139	OTHER CONDITIONS			
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	2	1	1
	140	CONGENITAL ANOMALIES of Circulatory System	2	1	1
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY TOTAL			
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	14	9	51
	160	SYMPTOMS OF SENILITY	3	2	1
	161	BACKACHE	6	4	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE	5	3	2
	169	OTHER CONDITIONS			
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	128	106	22
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	93	82	11
	171	BURNS	2	1	1
	172	FRACTURES	33	23	10
	173	SPRAINS, STRAINS, DISLOCATIONS			
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence			

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	2865
	200	FAMILY PLANNING SERVICES	103
	201	WELL CHILD CARE	12
	202	PRENATAL CARE	87
	203	POSTPARTUM CARE	82
	204	TUBERCULOSIS: Follow-up of inactive case	24
	205	MEDICAL AND SURGICAL AFTERCARE	4
	206	GENERAL PHYSICAL EXAMINATION	2
	207	PAPANICOLAOU SMEARS	447
	208	TUBERCULIN TESTING	38
	209	SEROLOGY SCREENING	471
	210	VISION SCREENING	26
	211	AUDITORY SCREENING	457
	212	SCREENING CHEST X-RAYS	430
	213	GENERAL HEALTH COUNSELLING	65
	219	OTHER SERVICES	150
		(Specify) Hgb Screening	264
		UA screening	203

PART III - NURSING SERVICE

GRANT NO. 07-H-000018-09-0 CS-H20-C-0

TYPE OF SERVICE		NUMBER
1. NURSING CLINICS:		
a. NUMBER OF CLINICS		25
b. NUMBER OF INDIVIDUALS SERVED - TOTAL		724
2. FIELD NURSING:		
a. VISITS TO HOUSEHOLDS		1806
b. TOTAL HOUSEHOLDS SERVED		520
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS		1508
d. VISITS TO SCHOOLS, DAY CARE CENTERS		40
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS		220
3. CONTINUITY OF CARE:		
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL		291
(1) Within Area	245	
(Total Completed 225)		
(2) Out of Area	19	
(Total Completed 12)		
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	21	
(Total Completed)		
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL		
(Total Completed)		
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	142	
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	110	
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3632 or Similar Form) IN FIELD OR CLINIC: TOTAL	305	
(1) Number presenting health record.	102	
(2) Number given health record	151	
4. OTHER ACTIVITIES (Specify):		

REMARKS

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REV. 1-69

PART IV - SANITATION SERVICES

GRANT NUMBER: 07-H-000018-09-0 CS-H20-C-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	12	84	N.A.	N.A.
OTHER LOCATIONS	170	1020	N.A.	N.A.
HOUSING UNITS - Family:				
IN CAMPS				
IN OTHER LOCATIONS				
HOUSING UNITS - Single				
IN CAMPS				
IN OTHER LOCATIONS	16	81	N.A.	N.A.

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

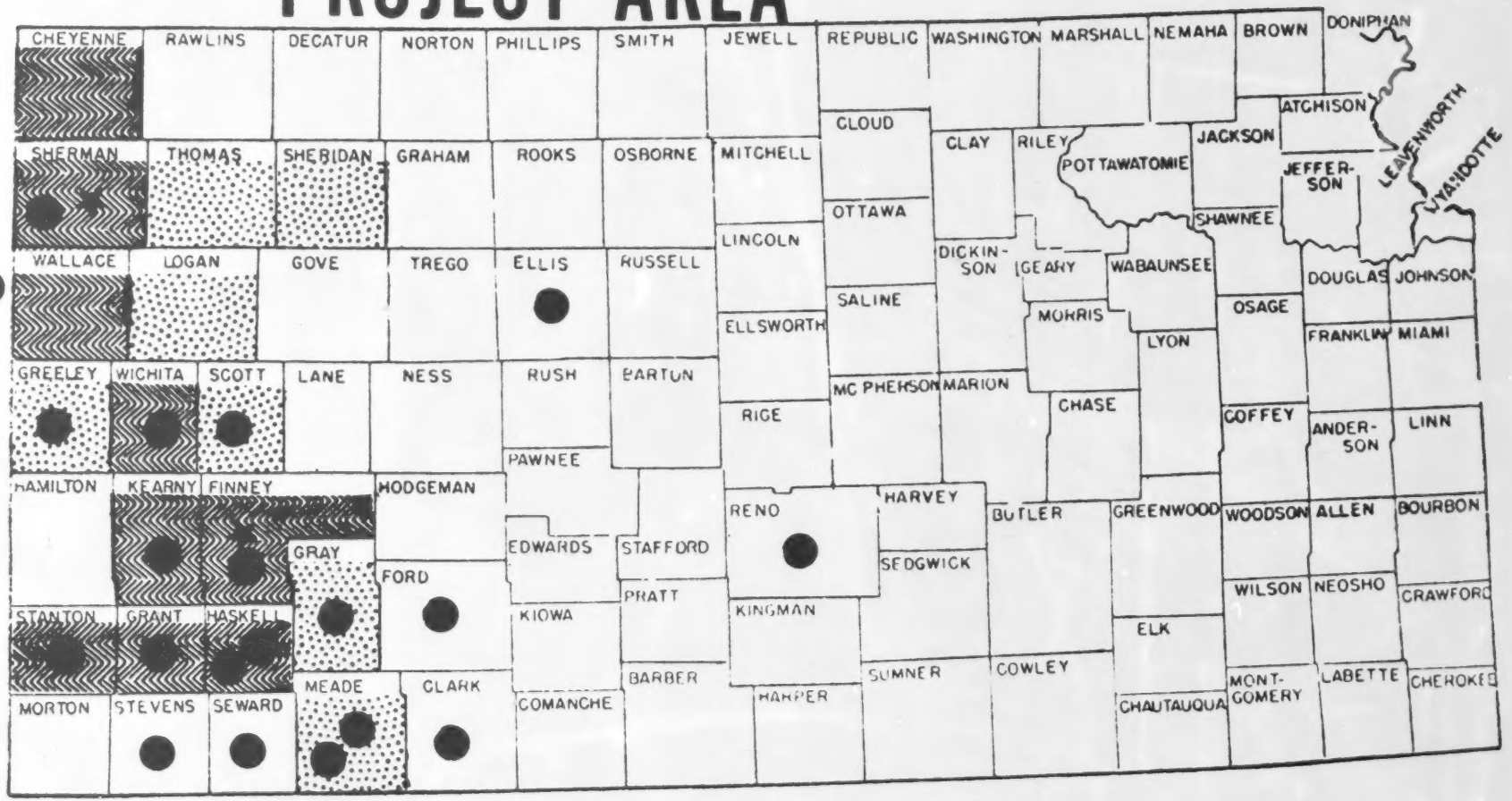
ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS FOUND		NUMBER OF CORRECTIONS MADE	
LIVING ENVIRONMENT:	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
a. WATER	N.A.	N.A.	N.A.	N.A.	N.A	N.A.	N.A.	N.A.
b. SEWAGE								
c. GARBAGE AND REFUSE	12	170	20	200	10	150	6	15
d. HOUSING	12	170	20	200	12	165	3	25
e. SAFETY	12	170						
f. FOOD HANDLING	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
g. INSECTS AND RODENTS	12	170	20	200	8	43	2	18
h. RECREATIONAL FACILITIES	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
WORKING ENVIRONMENT:								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* *Locations – camps or other locations where migrants work or are housed.*

PART V – HEALTH EDUCATION SERVICES *(By type of service, personnel involved, and number of sessions.)*

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES *(other than Health Ed.)*	OTHER *(Specify)* Dentists
A. SERVICES TO MIGRANTS:						
(1) Individual counselling	2842		1608	142		260
(2) Group counselling	270		36	56		4
B. SERVICES TO OTHER PROJECT STAFF:						
(1) Consultation	6	84	10			32
(2) Direct services						
C. SERVICES TO GROWERS:						
(1) Individual counselling	43		15	72		
(2) Group counselling		3				
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals	410		14			
(2) Consultation with groups	43		10			
(3) Direct services	9		43			
E. HEALTH EDUCATION MEETINGS	50		12			

PROJECT AREA



Medical, Dental and Health Education Services

Services provided through adjacent Counties

Hospitals having agreements with project

Project Office

4-00
75